

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: PAOII Date of Visit: 1/17/2019

Contractor Personnel on Site:

1. Jesse Selman
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Inspection, Testing, and Certification**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other Recurring Services**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Service Calls** – Service Call Number and Description

1. Initial visit, investigative
2. \_\_\_\_\_
3. \_\_\_\_\_

**Over and Above Repair Work – Order Number and Description of Work Completed**

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jesse Selman Date: 11/17/2019

Signed: W. L.

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: SGT TABITHA K. SPANGLER Date: 20190117

**Signed:** SPANGLER.TABITHA.KAY.13 79044219 Digitally signed by SPANGLER.TABITHA.KAY.1379044219 Date: 2019.01.17 10:07:57 -05'00'

E-Mail: TABITHA.K.SPANGLER.MIL@MAIL.MIL

The Genuine. The Original.



**OVERHEAD DOOR CO. OF FRANKLIN**  
Overhead Door Co. of Greater Erie  
1652 Pittsburgh Rd, Ste 100  
Franklin, PA 16323  
United States

Voice: 814-437-6805  
Fax: 814-437-6804

# INVOICE

Invoice Number: 50583  
Invoice Date: Jun 7, 2019  
Page: 1

**Bill To:**

CMI MANAGEMENT, INC  
5285 SHAWNEE RD. SUITE 510  
ALEXANDRIA, VA 22312

**Ship to:**

USARC PA011  
20 SPRUCE ST  
BROOKVILLE, PA 15825

Customer ID	Customer PO	Payment Terms
CMI	CSS#14265/ WO#4928	Net 15 Days
Job# - Work Order# - Sales#		Due Date
FC11446H		6/22/19

Quantity	Description	Unit Price	Amount
1.00	INITIAL SERVICE CALL- (1) MAN FOR (3) HOURS	294.00	294.00

Subtotal	294.00
Freight	
Sales Tax	
Total Invoice Amount	294.00
Payment/Credit Applied	
<b>TOTAL</b>	<b>294.00</b>

Check/Credit Memo No:

PLEASE PAY FROM INVOICE. 2% SERVICE CHARGE ON PAST DUE ACCOUNTS. THANK YOU