

## CERTIFICATION OF WORK

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

FacID/Building: PA 166-02Date of Visit: 2-14-19

## Contractor Personnel on Site:

1. William Boice / M.L.S.P. ket Plumbing
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## 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:

Ex. C55 14589 Cabled storm drain for maintenance Building  
W.O. 6332 To Main line

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

**CERTIFICATION OF WORK**

To be signed by the Contractor

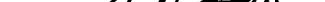
Print Name: William J. Price Date: 5-20-19

Signed: 

To be signed by Facility Manager

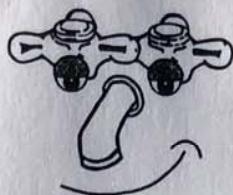
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor. It only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank: THOMAS S PETERS Date 20 MAY 19

Signé 

E-Mail:

# Mr. Spiket PLUMBING



HIC # PA 007589

227 BRINKER ROAD  
BUTLER, PA 16002  
(724) 284-1165

INVOICE

3944

NAME: <i>Bel Coraopolis Army Reserve</i>	TIME ARRIVED	TIME DEPARTED	TECHS NAME <i>Boice(Owner)</i>
STREET: <i>99 Soldiers Lane</i>	<i>CMI</i>		
CITY: <i>Coraopolis</i>	ZIP: <i>15108</i>	PHONE NO.:	<i>ESTimate</i>

METHOD OF PAYMENT

CASH  CHECK  MONEYORDER  VISA  M/C  DISCOVER  OTHER

**MR. SPIKET**

EQUIPMENT USED

- CABLE MACHINE
- AUGER
- BACKHOE
- TRENCHER
- PIPE BURST EQUIPMENT

OWNER  
 TENANT  
 COMMERCIAL  
 RESIDENTIAL

JOB DESCRIPTION TO BE DONE:

SIGNATURE:

COST \$

FINAL JOB DESCRIPTION OR ESTIMATE:

*ESTimate is To cable up To 50'-60' of storm drain. 249.00*

COST

COST S.D.

11	SUB-TOTAL	<i>249.00</i>
TRIP		<i>25.00</i>
	TOTAL	<i>324.00</i>
	TOTAL	

BY SIGNING HERE YOU ARE STATING THAT ALL WORK WAS COMPLETED TO THE ABOVE AGREEMENT.

DATE: / /

CUSTOMER COPY - YELLOW

SIGNATURE:

ACCOUNTING COPY - PINK

COMPANY COPY - WHITE