



Purchase Order/Expense Voucher Form

Voucher No: _____
Purchase Order No: _____

☐ Purchase Order

☒ Expense Voucher

Vendor Name: Overhead Door	Vendor Code:
Voucher Date: 8/23	Invoice Number: 307699
400 Poplar St. Pittsburgh, PA. 15223	Invoice Date: 8/23/19
	Due Date: UPON RECEIPT
Phone Number: (412)781-4000	Ship to: SAME AS ADDRESS
Vendor Terms: NET 30 DAYS	Bill to: SAME AS ADDRESS

Billable (Y/N).	Date	Item Description or Destination	Sub-Total	Amount
Y	8/23/19	WV041, CSS 12968, Wo 4874 – Overhead Door		\$1332.34
TAX:				
(LESS) COMPANY CREDIT CARD:				
P.O. not to exceed:				
TOTAL: (Due to Employee / Vendor)				\$1332.34

Joe Bayne 508304 8/23/19
Voucher Completed by: Employee No. Date

Supervisor Signature: Employee No. Date

Program Manager/Assistant Program Manager Signature: Employee No. Date

Vice President, Administration Signature: Employee No. Date

Checked By:

Reviewed By:

The Genuine. The Original.



INVOICE

Invoice #307699

Date: 06/24/19

Bill To:

**CMi MANAGEMENT
PRODUCTION CONTROL
5285 SHAWNEE ROAD, SUITE 610
ALEXANDRIA, WV 22312**

Ship To:

**WEIRTON USARC
100 FRONT STREET
WEIRTON, WV 22312**

Customer PO #	Customer Phone	Sales Representative	*Terms	Factory Ack.	Job #
CSS129868		SERVICE	UPON RECEIPT	CMi/ARM	11509

Description	Total
4/18 - LABOR AND MATERIAL TO INSTALL ONE (1) SECTION AND ONE (1) PNEUMATIC EDGE KIT AS PER QUOTE.	1332.34

LABOR - 7.5 MAN HRS @ 98.00 = \$735.00

MATERIAL - \$597.34

Invoice subtotal 1332.34

Invoice total 1332.34

*NOTE: Late payments shall incur an additional charge of 1-1/2% interest per month or fraction thereof.

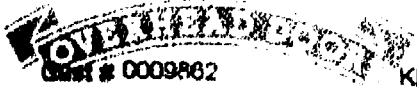
1332.34

Bal. Due

Thank You

OVERHEAD DOOR COMPANY OF GREATER PITTSBURGH - 400 POPLAR STREET - PITTSBURGH, PA 15223
PHONE 412-781-4000 FAX 412-781-2446

The Genuine. The Original.



"OVERHEAD DOOR"
SCISSOR LIFT OR
FORK LIFT USED:

NONE ()
ONE () BOTH ()

Date: 3/15/2018 WCH# 11509
Job # 11011 #
Name: Weirton USARC - CSS12088
100 Front Street
Weirton WV 26062
Contact: Shane Fabian Phone: 724-564-7619
Billed to: CMI Management
Production Control
5285 Shawnee Road, Suite 510
Alexandria WV 22312

DESCRIPTION OF WORK PERFORMED 1st CALL

INSTALL 2 Bottom Sec And
Pneumatic Edge Kit
And 1 Bottom Fixtur

JOB COMPLETED YES () NO () ACCEPTED BY: X

DESCRIPTION OF WORK PERFORMED 2nd CALL

NATURE OF CALL

Install bottom section and pneumatic safety edge kit

14'2" x 14'2" STOCK

JOB COMPLETED YES () NO () ACCEPTED BY:

DESCRIPTION OF WORK PERFORMED 3rd CALL

Upon inspection our service technician recommends:

JOB COMPLETED YES () NO () ACCEPTED BY:

QUANTITY	MATERIAL DESCRIPTION	AMOUNT
1	Section	
1	Edge Kit	
1	Bottom Fixtur	
1	Tube	

Recommendations apply to:

Material quote to:

Recommendations NOT apply to:

PRINT NAME

	RECALL	RECALL	RECALL	AMOUNT
DATE	4-18-18			TOTAL MATERIAL
IN	700			SERVICE CHARGE
OUT	2035			LABOR
TRAVEL	2 hrs 2 min			OVERTIME
MECH	Ed			TOTAL DUE
MECH	14'2" x 14'2"			

OVERHEAD DOOR COMPANY OF GREATER PITTSBURGH - 400 POPLAR STREET - PITTSBURGH, PA 15223
PHONE 412-781-4000 FAX 412-781-3217 service@ohdpgh.com

ATTACHMENT J-0200000-05
FORMS

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

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: *Shane Fabian* Date: *8-16-19*

Signed: *Shane Fabian*

E-Mail: *Shane.e.fabian.ctr@mail.mil*

