

CERTIFICATION OF WORK

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

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

Contractor Personnel on Site:

1. William Bence / Mr. Spike P. P. P.
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:

1. 6, CSS 14589 Cabled storm drain for maintenance Building
2. W.O. 6332 To Main line
3. _____

Over and Above Repair Work – Order Number and Description of Work Complete:

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: William J. Boice

To be signed by Facility Manager:

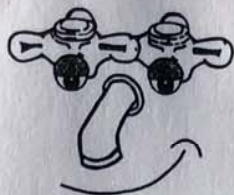
By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

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

Signed: [Signature]

E-Mail: _____

Mr. Spiket PLUMBING



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

INVOICE 3944

DATE: 2/3/19

HIC # PA 007589

TIME ARRIVED TIME DEPARTED TECHS NAME

NAME: Bel Coraopolis Army Reserve

Boice (owner)

STREET: 99 Soldiers lane

CMI

CITY: Corapolis

ZIP: 15108

PHONE NO.:

ESTIMATE

METHOD OF PAYMENT

☐ CASH ☐ CHECK ☐ MONEYORDER ☐ VISA ☐ M/C ☐ DISCOVER ☐ OTHER

MR. SPIKET

EQUIPMENT USED

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

CHAMPION ☐

☒ OWNER

☒ TENANT

☒ COMMERCIAL

☐ RESIDENTIAL

IMPORTANT NOTICE: By signing this form here you are agreeing to have the necessary work completed by this contractor at the below said price. Any changes to price must be initialed by both the customer and the contractor. I.E. "To have additional work done, or less work done."

JOB DESCRIPTION TO BE DONE:

SIGNATURE:

COST \$

FINAL JOB DESCRIPTION OR ESTIMATE:

ESTIMATE is To cable up TO 50'-60' of storm drain.

COST

COST S.D.

249.00

SUB-TOTAL

249.00

TRIP

75.00

TOTAL

TOTAL

324.00

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

DATE: / /

SIGNATURE:

CUSTOMER COPY - YELLOW

ACCOUNTING COPY - PINK



Purchase Order/Expense Voucher Form

Voucher No: _____
Purchase Order No: _____

☐ Purchase Order

☒ Expense Voucher

Vendor Name: Mr. Spiket	Vendor Code:
Voucher Date: 8/22/19	Invoice Number: 3944
Address: 227 Brinker Road Butler, PA 16002	Invoice Date: 8/22
	Due Date: UPON RECEIPT
	Ship to: SAME AS ADDRESS
Phone Number: 724. 284. 1165	
Vendor Terms: NET 30 DAYS	Bill to: SAME AS ADDRESS

Billable (Y/N).	Date	Item Description or Destination	Sub-Total	Amount
Y	8/22/19	PA013 – CSS #14599 – CMI #6332 – Invoice #3944		\$324.00
TAX:				
(LESS) COMPANY CREDIT CARD:				
P.O. not to exceed:				
TOTAL: (Due to Employee / Vendor)				\$324.00

Joe Bayne 508304 8/22/19
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: