

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

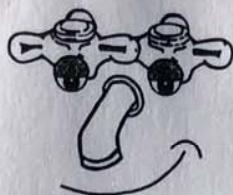
By signing the Certification of Work, the said government representative signature does not indicate acceptance of any work performed by the contractor. It only acknowledges that the contractor was on-site during the identified timeline:

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

Signed John S. H.

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			
<input type="checkbox"/> CASH <input type="checkbox"/> CHECK <input type="checkbox"/> MONEYORDER <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> DISCOVER <input type="checkbox"/> OTHER			

MR. SPIKET

EQUIPMENT USED	
<input type="checkbox"/> OWNER	<input checked="" type="checkbox"/> TENANT
<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> 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. 249.00

COST

COST S.D.

SUB-TOTAL	11 <i>249.00</i>
TRIP	<i>75.00</i>
TOTAL	<i>324.00</i>
TOTAL	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



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

Joe Bayne 508304 8/22/19

Voucher Completed by: _____ Employee No. _____ Date _____

Supervisor Signature: _____ Employee No. _____ Date _____

Checked By:

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

Vice President, Administration Signature: Employee No. _____ Date _____