

ATTACHMENT J-0200000-05  
FORMS

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

CSS # 15210  
REDAIRED AREAS OF ROOF, FLASHING,  
AND BRICK EXPANSION JOINTS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CUSTOM CONST./CHRIS MOORE Date: 12-28-18

Signed: Chris Moore

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: SHANE FABIAN / AFOS Date: 12-28-2018

Signed: Shane Fabian

E-Mail: Shane.e.fabian.ctr@gmail.mil.

**CUSTOM CONSTRUCTION**  
**CHRIS MOORE**  
**103 SWEITZER RD.**  
**ACME PA.15610**  
**(724) 244-9438**

**INVOICE CSS # 15210**

**DATE: 1/4/19**

**SUBMIT TO**

JOE BAYNE  
CMI

**LOCATION**

OHIO COUNTY AIRPORT USARC BLDG 1  
WHEELING WV.

**WORK PERFORMED**

REPAIRED FLASHING  
REPAIRED STANDING SEAM ROOF  
RECAULKED BRICK EXPANSION JOINTS  
CLEANED UP AND DISPOSED OF DEBRIS

**TOTAL DUE \$ 2100.00**

















