

Additional Funding Request

INVOICE

DE002	CSS# 28745 WO# 13624 Asset# NA			
Description of Repairs	Replaced 2 air hoses with new air hoses. Repaired oil filter crusher. Work complete.			
Diagnosis: Initial Work Order	There are two more hoses in the BMA shop that are leaking and need to be replaced. There is still one new hose and reel that is already in the shop that can be used. The other needs replacement. This is a new ticket			
Diagnostic Fee	\$ 0			
Additional Labor Cost to Perform Repairs	\$ 450.00 SS \$75/hr x 6			
Additional Cost	\$ 108.46			
	Materials	1	108.46	108.46
Total Cost of Repair	\$ 558.46			



S&S MECHANICAL

S&S Mechanical
4831 South Crain Highway
Upper Marlboro, MD 20772

Tel. 1 - (301) 574-1555
Fax. 1 - (301) 574-1558
www.sandsmidatlantic.com

PLEASE PAY BY

03/12/2021

AMOUNT

\$558.46

INVOICE DATE

02/10/2021

INVOICE NO. 82105

Tidewater, Inc.
Tidewater, Inc
6625 Selnick Dr.
Suite A
Elkridge MD 21075

Job Name: 13624
Site: DE002 Savannah Road
Site Address: 1137 Savannah Road
Lewes DE 19958

Description

WO#: 13624

CSS Ticket Number: 28745

SOW: There are two more hoses in the BMA shop that are leaking and need to be replaced. There is still one new hose and reel that is already in the shop that can be used. The other needs replacement. This is a new ticket.

02/10/2021 Work Note

Replaced 2 air hoses with new air hoses.
Repaired oil filter crusher. Work complete.

7859 - Service

Item	Quantity	Unit Price	Total
Materials	1.00	\$108.46	\$108.46
General Maintenance Labor Rate	6.00 hrs	\$75.00	\$450.00
		Labor	\$450.00
		Materials	\$108.46
		Sub-Total ex Tax	\$558.46

Make all checks payable to S&S Mechanical. Overdue accounts are subject to a service charge of 1.5% per month. Thank you for your business.

-S&S Mechanical also accepts all major credit cards. Call 301-574-1555 to pay an invoice via credit card-

Sub-Total ex Tax	\$558.46
Tax	\$0.00
Total inc Tax	\$558.46
Amount Applied	\$0.00
Balance Due	\$558.46

CERTIFICATION OF WORK

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

FACID/Building: DE 082

Date of Visit: 2/10/21

Contractor Personnel on Site:

- | | |
|---------------------|----------|
| 1. <u>Joe Moore</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Service Calls – Service Call Number and Description

- | |
|---|
| 1. <u>W.O. 13624 c/s 28745 air hose replacement</u> |
| 2. _____ |
| 3. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joseph Moore Date: 2/10/21

Signed: Joseph Moore

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: Shawn Allen Date: 2/21/21

Signed: Shawn Allen 2/21/21

E-Mail: _____



