

EMTech dba / Energy Management Technologies, LLC
5 Hemlock Street
Latham, NY 12110
Phone # (518) 783-7810

Invoice

Date	Invoice #
9/14/2021	6693

Bill To

CMI Management, Inc.
PM / 99th - Region 2
5285 Shawnee Road Suite #510
Alexandria, VA 22312

Project	P.O. No.	Terms		Due on receipt	
19801 Army Reserve T & M by Location	CSS# 31085	Due Date		9/14/2021	
Description		Qty	Rate	Serviced	Amount
Mike Duvall - Rotterdam Army Location CSS# 31085 Located Air Compressor at Truck Bay. Disconnect was off with no pressure in compressor vessel. Will propose replacement. Mechanical HVAC service discounted local service contract rate.		3	114.00	6/21/2021	342.00T
SALES TAX: <i>If deducting sales tax from invoice, please include your tax exempt certificate with payment.</i>					
For Assistance or Questions Please Contact Office Phone: (518) 783-7810 Extension 113 Service Dept. (518) 631-6004 Fax (518) 783-2079					
Thank you for your business!					
Subtotal					\$342.00
Sales Tax (8.0%)					\$27.36
Total					\$369.36
Payments / Credits					\$0.00
Balance Due					\$369.36



Energy Management Technologies, LLC
Service 518-631-6004 Main 518-783-7810 Fax 518-783-2079

6693

FIELD REPORT

Location Name Address <i>Roller Gym Army</i>		Bill To		Date <i>6-21-21</i>					
Contact / Phone <i>CSS# 31085</i>		EMTech Contract #		Customer PO #					
		Technician Code <input type="checkbox"/> Contract <input checked="" type="checkbox"/> T & M <input type="checkbox"/> Quoted <input type="checkbox"/> Warranty <input type="checkbox"/> Sales Support <input type="checkbox"/> Material Sale Only							
Problem Description:									
JOBSITE SAFETY CHECKLIST		WORK PERFORMED							
<input type="checkbox"/> Electrical Shock Hazards <input type="checkbox"/> Confined Space <input type="checkbox"/> Inadequate Ventilation <input type="checkbox"/> Water/Oil/Other Liquids on Floor <input type="checkbox"/> Trip or Fall Hazards <input type="checkbox"/> Fire or Explosive Hazards <input type="checkbox"/> Site Checked		<i>located Air compressor @ truck bay, disconnect man off with no psi in compressor vessel. found 1</i>							
REFRIGERANT ACTIVITY									
Did Refrigerant Activity occur?									
<input type="checkbox"/> Yes If yes, a Refrigerant Activity <input type="checkbox"/> No Report Must be completed									
SERVICE EXPENSE		PARTS and MATERIAL							
PARTS, MATERIAL SOURCE		Source	Qty	Part #	Description	PO #			
<input type="checkbox"/> CS Customer Supplied <input type="checkbox"/> PC Procurement/Cash <input type="checkbox"/> TS Truck <input type="checkbox"/> TP EMTech Parts <input type="checkbox"/> VP Vendor Purchase									
EXPENSE TYPE (CHECK ALL THAT APPLY)									
<input type="checkbox"/> Sm Recovery Sys <input type="checkbox"/> Lg Recovery Sys <input type="checkbox"/> Vacuum Pump <input type="checkbox"/> Welder <input type="checkbox"/> Tube Brush Unit <input type="checkbox"/> Technology Charge <input type="checkbox"/> Fuel Charge <input type="checkbox"/> Environment Fee <input type="checkbox"/> Trip Charge <input type="checkbox"/> Pressure Washer <input checked="" type="checkbox"/> Mileage <input checked="" type="checkbox"/> Misc. Supplies									
LABOR									
Date <i>6-21-21</i>		Name <i>Mike</i>		DDC (Tech)	MS (Mech)	MS (Chiller)	Reg	Over Time	Double Time
					<i>X</i>		<i>3</i>		
Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe									
Customer Signature					Date	PO #			

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

FACID/Building: UY 059

Date of Visit: 6-21-21

Contractor Personnel on Site:

1. JKO
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. N-A
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. N-A
2. _____
3. _____
4. _____

Other Recurring Services

1. N-A
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. CSS# 3085 located psi safety valve
2. Temp is back.
3. _____

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

CSS# 31085 Located ps: safety valve
AT ps: switch that is bad.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 6-21-21
Signed: m/dull

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: _____ Date: _____
Signed: _____
E-Mail: _____



ENERGY MANAGEMENT TECHNOLOGIES, LLC

5 HEMLOCK STREET

LATHAM, NEW YORK 12110

518.783-7810

FAX: 518.783-2079

PROPOSAL

September 14, 2021

CMI Management
Attn: Joe Bayne

Original CSS# 31085
EMTech Initial Field Report# 6693
Site # NY059 - Rotterdam

Subject: Replace Pressure Relief Valve at Truck Bay Air Compressor

Scope of Service:

EMTech proposes to supply all labor and material needed to complete the following

- Remove the broken pressure relief valve at truck bay air compressor
- Replace with new pressure relief valve.
- Test operation

For the above work, we quote: \$637.00.....Six Hundred and Thirty Seven Dollars

Any and all taxes are not included

The above is broken down as follows: **\$456.00 Labor**
\$181.00 Material

Thank you for continuing to include EMTech on your energy team. As always, we look forward to working with you. Please feel free to contact for any questions or concerns you may have on this project.

Sincerely,

Jenna Caligaris
Service Coordinator