

Additional Funding Request
INVOICE

VA701	CSS# 31915 WO# 14686 Asset# NA							
Description of Repairs	Report of power outage. Troubleshooting determined programming was lost. Gate arm not working. Re-programmed the OnGuard System to send a normally closed closure to the gate opener and set time for 35 seconds. Gate now operational.							
Diagnosis: Initial Work Order	CAC reader at OMS shop - Gate arm is not working, needs repairing							
Diagnostic Fee	\$ 0							
Additional Labor Cost to Perform Repairs	<p>\$ 610</p> <p>OMNI-Tech \$450</p> <p>TWI \$80/hr x 2</p>							
Additional Cost	<p>\$ 0</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">N/A</td> <td style="width: 25%;">1</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				N/A	1		
N/A	1							
Total Cost of Repair	\$ 610							



SECURITY SOLUTIONS | a woman-owned small business

Invoice

Remit to: 6564 Loisdale Court, Suite 600-V, Springfield, VA 22150

Date Due: On Receipt
Invoice Total: \$477.00

Primary Contact: Barry Mims, VP Business Development
Contact Phone: 703-867-9839
Contact Email: barry.mims@omnitech-services.com

Bill To Name: Tidewater
Bill To Address: 6625 Selnick Drive, Suite A
Elkridge MD 21075

Invoice #: TID210907
Invoice Date: 9/20/2021

Contact: Gabby Mascelli
Email: gabrielle.mascelli@tideh2o.net
Phone: 410-688-0142

A 3% processing fee will be included for payment made by credit card.

Item #	Product	Price	Qty.	Ext. Price
1	Service Call 9/8/21 US Army Reserve 866 Carolina Rd, Suffolk, VA Report of power outage. Troubleshooting determined programming was lost. Re-programmed the OnGuard System to send a normally closed closure to the gate operator and set time for 35 Seconds. Gate is now operational.	\$450.00	1	\$450.00
	Item Total:			\$450.00
	Tax:			EXEMPT
	Total:			\$450.00

We appreciate working with Tidewater!

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: VA701 Date of Visit: _____

Contractor Personnel on Site:

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

Service Call Number

CSS# _____ WO# _____

Description of Repairs

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: Coreen Harney

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: Angela W Williams-Taylor Date: 21 Sept 21

Signed: Angela W Williams-Taylor

E-Mail: