

Additional Funding Request

INVOICE

DE002	CSS# 33899 WO# 15956 Asset# NA							
Description of Repairs	S&S repaired garage door in BMA shop.							
Diagnosis: Initial Work Order	New overhead door (the middle door on the front side) in the BMA shop that is not working properly.							
Diagnostic Fee	\$ 0							
Additional Labor Cost to Perform Repairs	\$ 600 SS \$75/hr x 8							
Additional Cost	\$ 0 <table border="1" data-bbox="435 1255 1312 1297"> <tr> <td>N/A</td><td>1</td><td></td><td></td></tr> </table>				N/A	1		
N/A	1							
Total Cost of Repair	\$ 600							



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	AMOUNT	INVOICE DATE
01/21/2022	\$600.00	12/22/2021

INVOICE NO. 88387

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

Job Name: 15956
Site: DE002 Savannah Road
Site Address: 1137 Savannah Road
Lewes DE 19958

Description

WO#: 15956

CSS Ticket Number: 33899

Problem: There is a new overhead door (the middle door on the front side) in the BMA shop that is not working properly. It has come off track at the bottom of the door. The tenants were able to get the door closed and secured but it cannot be opened due to being off track.

Joe Moore 12/20/2021 Work Note

Straightened bent roller.
Reattached roller and got door back on track.
Adjusted spring tension.
Adjusted cable tension.
Adjusted automatic door closer for proper operation. Work complete

10487 - Service

Item	Quantity	Unit Price	Total
General Maintenance Labor Rate	8.00 hrs	\$75.00	\$600.00
Labor			\$600.00
Sub-Total ex Tax			\$600.00

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.

Sub-Total ex Tax	\$600.00
Tax	\$0.00
Total inc Tax	\$600.00
Amount Applied	\$0.00
Balance Due	\$600.00

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

CERTIFICATION OF WORK

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

FACID/Building: DE 002 Date of Visit: 12/20/21

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. 15956, css 33899 - repair garage door</u> |
| 2. _____ |
| 3. _____ |

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joseph Moore Date: 12/20/21

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: William Hise Date: 12/20/21

Signed: William Hise

E-Mail: _____



