

Additional Funding Request
INVOICE

MD019	CSS# 34352 WO# 16417 Asset# NA							
Description of Repairs	Cleaned up from HVAC system leak and replaced damaged ceiling tiles. Work complete.							
Diagnosis: Initial Work Order	Cleanup affected areas from the leak of HVAC system in simulation room and second fl Mech Room.							
Diagnostic Fee	\$ 0							
Additional Labor Cost to Perform Repairs	\$ 1,280 S&S Labor \$80/hr x 16							
Additional Cost	\$ 105.82 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%;">Materials</td> <td style="width: 33.33%;">1</td> <td style="width: 33.33%;">105.82</td> <td style="width: 33.33%;">105.82</td> </tr> </table>				Materials	1	105.82	105.82
Materials	1	105.82	105.82					
Total Cost of Repair	\$ 1,385.82							



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	AMOUNT	INVOICE DATE
03/06/2022	\$1,385.82	02/04/2022

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

INVOICE NO. 88459

Job Name: 16417
Site: MD019 Greenspring Avenue
Site Address: 12100 Greenspring Avenue
 Owings Mills MD 21117

Description

WO#: 16417

CSS Ticket Number: 34352

Problem: Cleanup affected areas from the leak of HVAC system in simulation room and second fl Mech Room

2 GUYS 02/03/2022 Work Note

Cleaned up from HVAC system leak and replaced damaged ceiling tiles. Work complete.

10625 - Service

Item	Quantity	Unit Price	Total
Materials	1.00	\$105.82	\$105.82
General Maintenance Labor Rate	16.00 hrs	\$80.00	\$1,280.00
		Labor	\$1,280.00
		Materials	\$105.82
		Sub-Total ex Tax	\$1,385.82

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	\$1,385.82
Tax	\$0.00
Total inc Tax	\$1,385.82
Amount Applied	\$0.00
Balance Due	\$1,385.82

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

FACID/Building: 20019 Date of Visit: 2-3-22

Contractor Personnel on Site:

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

Service Calls – Service Call Number and Description

1. room 135 clean up affected areas
2. From leak of HVAC system
3. _____

WO# 16412 CSS# 34352

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bruce Oliver Date: 2-3-22

Signed: Bruce Oliver

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: EPL ALM, SIR Date: _____

Signed: Mr. John

E-Mail: _____











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