



**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
<b>04/22/2022</b>	<b>\$323.61</b>	<b>03/23/2022</b>

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

**INVOICE NO. 88566**

**Job Name:** 16881  
**Site:** MD005 Broening Highway  
**Site Address:** 1900 Boening Highway  
 Baltimore MD 21224

**Description**

**WO#:** 16881

**CSS Ticket Number:** 35018

**Problem:** Male latrine first floor, faucet leaking/running, unable to turn off.

**Chris Trotter 03/23/2022 Work Note**

Troubleshoot men's room lavy faucet on the first floor. Replaced the seats and springs and all internal parts. Reassembled faucet and turned the valves back on. Tested the faucet for function and leaks. Work complete.

**10756 - Service**

Item	Quantity	Unit Price	Total
1 - Delta Repair Kit	1.00	\$23.61	\$23.61
Plumbing Labor Rate	3.00 hrs	\$100.00	\$300.00
		<b>Labor</b>	\$300.00
		<b>Materials</b>	\$23.61
		<b>Sub-Total ex Tax</b>	<b>\$323.61</b>

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-**

<b>Sub-Total ex Tax</b>	<b>\$323.61</b>
<b>Tax</b>	<b>\$0.00</b>
<b>Total inc Tax</b>	<b>\$323.61</b>
<b>Amount Applied</b>	<b>\$0.00</b>
<b>Balance Due</b>	<b>\$323.61</b>

## CERTIFICATION OF WORK

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

FACID/Building: MDO05 Date of Visit: MARCH 23, 2022

Contractor Personnel on Site:

1. CHRIS
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### Service Calls – Service Call Number and Description

1. TRROUBLESHOOT 1ST FLOOR MENS ROOM LAVY FAUCET; REPLACED
2. THE SEATS AND SPRINGS ALONG WITH ALL INTERNAL PARTS;
3. TESTED THE FAUCET

WO # 16881

CSS # 35018

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## CERTIFICATION OF WORK

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To be signed by the Contractor:

Print Name: CHRIS TROTTER Date: 3/23/2022

Signed: Chris Trotter

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_





