



**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>04/28/2022</b>	<b>\$432.06</b>	<b>03/29/2022</b>

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

**INVOICE NO. 88579**

**Job Name:** 16877  
**Site:** MD005 Broening Highway  
**Site Address:** 1900 Boening Highway  
 Baltimore MD 21224

**Description**

**WO#:** 16877

**CSS Ticket Number:** 35021

**Problem:** Repair to failed and broken 3 strand barbed wire along fenceline.

**Joe Moore 03/29/2022 Work Note**

Walked perimeter of fence line, straightened and secured barbed wire on outriggers where needed.

Replaced broken barbed wire where necessary. Work complete.

**10775 - Service**

Item	Quantity	Unit Price	Total
50' Barbed Wire	1.00	\$32.06	\$32.06
General Maintenance Labor Rate	5.00 hrs	\$80.00	\$400.00
		<b>Labor</b>	\$400.00
		<b>Materials</b>	\$32.06
		<b>Sub-Total ex Tax</b>	<b>\$432.06</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>\$432.06</b>
<b>Tax</b>	<b>\$0.00</b>
<b>Total inc Tax</b>	<b>\$432.06</b>
<b>Amount Applied</b>	<b>\$0.00</b>
<b>Balance Due</b>	<b>\$432.06</b>

CERTIFICATION OF WORK  
SERVICE CALL

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

FACID/Building: MD 005Date of Visit: 3/29/22

Contractor Personnel on Site:

1. Joe Moore
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Service Call Number

CSS# 35021 WO# 16877

## Description of Repairs

repair bent wire on fence perimeter

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Joseph Moore Date: 3/29/22Signed: 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: \_\_\_\_\_ Date: \_\_\_\_\_

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

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



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Service  
Laboratory Services  
Medical Equipment







