



DESIGN • INSTALL • SERVICE  
SINCE 1893

BILL TO	Mail Remittance to:
CMI MANAGEMENT PM / 99TH - REGION 2 5285 SHAWNEE ROAD ALEXANDRIA VA 22312	Hyde-Stone Mechanical Contractors, Inc. 22962 Murrock Circle Watertown, NY, 13601 TF: 1-866-401-9053
JOB LOCATION	
US ARMY RESERVE- CMI- SITE #NY 5363 PERU STREET PLATTSBURGH NY 315-772-6996	Invoice Number : W10499 Invoice Date : Sep 30/20 Customer Code : USARMY054 Terms : 30 Customer PO : Work Order # : 20-0001492

Description	Qty	Price	Total
<b>Work Performed</b>			
Scheduled 8 am thurs - ny054 Plattsburg, toilet plugged ladies room - PER Joe at cmi No one at location WORK NOT COMPLETE - NEED TO RETURN PREVAILING WAGE LOCATION Used a toilet snake to clear drain. Once drain was cleared and debris was gone. I verified toilet operation. Toilet is ok. W.o. Complete			
<b>Materials</b>			
Total Materials			0.00
<b>Labor</b>			
Total Labor			165.00
<b>Travel</b>			
Total Travel			50.00
<b>Other</b>			
Total Other			0.00

<b>Subtotal</b>	<b>215.00</b>
<b>Sales Tax</b>	
<b>Total Invoice</b>	<b>215.00</b>

Thank You for your business.  
If you have any questions, please call Tammy Parisian  
Direct: 315-755-2278 Office: 315-788-1300 (x231)  
tparisian@hyde-stone.com

W#  
20-0001492  
ATTACHMENT J-0200000-05  
FORMS

US Army Reserve

CERTIFICATION OF WORK

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

FACID/Building: \_\_\_\_\_

Date of Visit: 9/27/20

Contractor Personnel on Site:

1. HANSON

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Inspection, Testing, and Certification

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Other Recurring Services

1. Plugged Twist
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Service Calls – Service Call Number and Description

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

ATTACHMENT J-0200000-05  
FORMS

**Over and Above Repair Work – Order Number and Description of Work Completed**

### **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jeff Lamoureux Date: 9/24/20  
Signed: Jeff Lamoureux TP

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: \_\_\_\_\_ Date: \_\_\_\_\_

Signed:

E-Mail: