



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 #NY054 -CMI MG 5363 PERU STREET PLATTSBURGH NY 347-219-9699	Invoice Number : W16008 Invoice Date : Jul 16/21 Customer Code : USARMY054 Terms : 30 Customer PO : 12846 Work Order # : 21-0007065

Description	Qty	Price	Total
Work Performed			
CSS28918 /Wo 12846 - REPAIR 6 EMERGENCY LIGHTS NOT WORKING IN KITCHEN DRILL HALL AREAS - per joe bayne - cmi 06/10/2021 pw Checked in with Sgt Griffin. Inspected 6 emergency lights, found 2 to be good and 4 to be bad. Quote to be submitted for repair work. Work order not complete			
Materials			
Total Materials			0.00
Labor			
Total Labor			220.00
Travel			
Total Travel			50.00
Other			
Total Other			0.00

Subtotal	270.00
Sales Tax	
Total Invoice	270.00

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

WO# 21-0007065

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: N4054 Date of Visit: 4/10/21

Contractor Personnel on Site:

1. Paul Williams
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. _____
2. _____
3. _____
4. _____

N/A

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

N/A

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

N/A

Service Calls – Service Call Number and Description

1. Inspected 6 Emergency lights
2. _____
3. _____

ATTACHMENT J-0200000-05
FORMS

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

Checked in with Sgt Griffin. Inspected by emergency lights found 2 to be good and 4 to be bad. Quik to be submitted for repair work.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Paul Williams Date: 7-19-2021
Signed: Paul Williams

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: Anson, Christopher Date: 19 Jul 2021
Signed: Christopher Anson
E-Mail: