

# HS HYDE-STONE

MECHANICAL CONTRACTORS

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
<b>Work Performed</b> 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			
<b>Materials</b> Total Materials			0.00
<b>Labor</b> Total Labor			220.00
<b>Travel</b> Total Travel			50.00
<b>Other</b> Total Other			0.00

<b>Subtotal</b>	<b>270.00</b>
<b>Sales Tax</b>	
<b>Total Invoice</b>	<b>270.00</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

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: 6/10/21

Contractor Personnel on Site:

- |                         |          |
|-------------------------|----------|
| 1. <u>Paul Williams</u> | 4. _____ |
| 2. _____                | 5. _____ |
| 3. _____                | 6. _____ |

Work Performed:

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

- |          |            |
|----------|------------|
| 1. _____ | <u>N/A</u> |
| 2. _____ |            |
| 3. _____ |            |
| 4. _____ |            |

Inspection, Testing, and Certification

- |          |            |
|----------|------------|
| 1. _____ | <u>N/A</u> |
| 2. _____ |            |
| 3. _____ |            |
| 4. _____ |            |

Other Recurring Services

- |          |            |
|----------|------------|
| 1. _____ | <u>N/A</u> |
| 2. _____ |            |
| 3. _____ |            |
| 4. _____ |            |

Service Calls - Service Call Number and Description

- |  |
|--|
| 1. <u>Inspected 6 Emergency lights</u> |
| 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 emergency  
lights found 2 to be good and 4 to be bad. Quoted  
to be submitted for repair work.

CERTIFICATION OF WORK

To be signed by the Contractor:

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

Signed: [Signature]

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: [Signature]

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