



95 Hudson River Rd  
Waterford, NY 12188  
518 326 8450

Invoice 1010

Sep 15, 2022

Bill To

CMI Management, LLC  
5285 Shawnee Rd, Suite 510  
Alexandria, VA 22312

CUSTOMER NAME	PROPERTY NAME	PROPERTY ADDRESS	DUE DATE
CMI Management, LLC	Schenectady Army (NY060)	1201 Hillside Ave Schenectady, NY 12309	Oct 15, 2022
AUTHORIZED BY	CUSTOMER PO	CUSTOMER WO	TERMS
	CSS# 89449	19196	Net30

### Invoice Summary

Found bad sump pump in mechanical room. Will quote.

### Labor

Labor Name	Description	Taxable	Hours	Rate	Price Subtotal
<b>Labor</b>	Labor ST - Duvall, Mike (8/24/22)	Yes	3	\$111.00	\$333.00
<b>Misc. Consumables</b>	Trip Charge	Yes	1	\$50.00	\$50.00
			<b>4</b>		<b>\$383.00</b>

Subtotal	<b>\$383.00</b>
Service Fees	<b>\$0.00</b>
Discount	<b>\$0.00</b>
Subtotal After Discount/Fees	<b>\$383.00</b>
Taxable Subtotal	<b>\$383.00</b>
Sales Tax Rate	<b>0%</b>
Tax Amount	<b>\$0.00</b>
<b>Total</b>	<b>\$383.00</b>
Amount Paid	<b>\$0.00</b>
Balance	<b>\$383.00</b>

### Terms of Service

TERMS AND CONDITIONS: This invoice will be considered correct unless notification is received within 5 days from date. Invoices not paid within 30 days will be considered past due. A FINANCE CHARGE of one and one half percent (1.5%) per month thereafter will be charged on the unpaid balance for an annual percentage rate of eighteen percent. (18%) In case of non-payment, cost of collection on including reasonable attorney's fee will be charged.



## Mechanical HVAC Service Contractors

## CMI Management

Phone: (518) 326-8450 • Fax: (518) 326-8435  
P.O. Box 311, 95 Hudson River Road  
Waterford, New York 12188

## HVAC

Job # 18886

Mita Moaveni

8.24.22

**CUSTOMER SIGNATURE**

DATE

CERTIFICATION OF WORK

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

FACID/Building: NY059 Rotterdam Date of Visit: 8/24/22

Contractor Personnel on Site:

1. Mike D
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

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

1. N/A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Inspection, Testing, and Certification**

1. N/A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other Recurring Services**

1. N/A
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Service Calls** – Service Call Number and Description

1. Class# 89449 for a bad supply @
2. Boiler Rm. will quote a fix
3. \_\_\_\_\_

ATTACHMENT J-0200000-05  
FORMS

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

C55# 89449 for A Bad Sup Pup @  
Boiler Rm - will quote A fix

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Mike Dull Date: 8/24/22  
Signed: Mike Dull

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: Mike Moseman Date: 8/24/22  
Signed: Mike Moseman

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