



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
Labor	Labor ST - Duvall, Mike (8/24/22)	Yes	3	\$111.00	\$333.00
Misc. Consumables	Trip Charge	Yes	1	\$50.00	\$50.00
			4		\$383.00

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

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.



HVAC

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

Mechanical HVAC Service Contractors

Job # 18886

UNIT	MAKE	MODEL	SERIAL #	VOLTS	ENVIRONMENTAL CHECK LIST		
NAME <u>Rotterdam Arm</u>					CONDENSING UNIT	QTY.	TYPE/DISPOSITION
STREET					<input type="checkbox"/> RECOVERED		
CITY					<input type="checkbox"/> RECYCLED		
TECHNICIAN <u>CSS 89449</u>					<input type="checkbox"/> RECLAIMED		
DESCRIPTION OF WORK PERFORMED					<input type="checkbox"/> RETURNED		
					<input type="checkbox"/> DISPOSAL		

☐ COOLING OUT ☐ HEATING OUT ☐ LEAK ☐ WARRANTY ☐ INSTALLATION

Found A Bad Sup Pyp @ Boiler Rm will Quote A fix.

RECOMMENDATIONS

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT	HRS	DATE	NAME	RATE	AMOUNT
	REFRIGERANT R- LBS.			3	8-24-22	Mike D	111 +	
	FILTERS X X							
1	Trip Charge	50 -						
TOTAL MATERIALS				TOTAL LABOR				

Mike M...
CUSTOMER SIGNATURE

8-24-22
DATE

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 059 Rotterdam Date of Visit: 8.24.22

Contractor Personnel on Site:

- | | |
|------------------|----------|
| 1. <u>Mike D</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>CSS# 89449 for A BAD SUP PIP @</u> | _____ |
| 2. <u>Boiler Rm. will Quote A Fix</u> | _____ |
| 3. _____ | _____ |

ATTACHMENT J-0200000-05
FORMS

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

CSS# 89449 for A Bad Sup Rep @
Boiler Rm - will Quote A fix

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mike Dull Date: 8-24-22
Signed: M/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: _____