



95 Hudson River Rd
Waterford, NY 12188
518 326 8450

Invoice 101649
Job 101006

Feb 9, 2023

Bill To

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

CUSTOMER NAME	PROPERTY NAME	PROPERTY ADDRESS	DUE DATE
CMI Management, LLC	Rotterdam Army (NY059)	101 Remsen St Rotterdam, NY 12306	Mar 11, 2023
AUTHORIZED BY	CUSTOMER PO	CUSTOMER WO	TERMS
	CSS#91505	20625	Net30

Invoice Summary

Price per quote to replace blown motor in boiler room & insulate pipes based on scope of work equal to \$3,189.84.

Parts & Materials

Item Name	Product Code	Description	Taxable	Quantity	Unit Price	Price Subtotal
Quoted Work	Quoted Work	Quoted Work	No	1	\$3,189.84	\$3,189.84
				1		\$3,189.84

Subtotal	\$3,189.84
Service Fees	\$0.00
Discount	\$0.00
Subtotal After Discount/Fees	\$3,189.84
Taxable Subtotal	\$0.00
Sales Tax Rate	0%
Tax Amount	\$0.00
Total	\$3,189.84
Amount Paid	\$0.00
Balance	\$3,189.84

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. All payments made by credit card will be issued a 3.5% processing fee.

CERTIFICATION OF WORK

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

FACID/Building: NYC28 Rottman Date of Visit: 1-27-23

Contractor Personnel on Site:

- | | |
|---------------------|----------|
| 1. <u>Mike Dull</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 91505</u> | <u>Repaired space heater, New fan motor & blade</u> |
| 2. <u>INSTALL NEW LIET-STAT ON WALL</u> | <u>INSULATED 2" WATER LINE</u> |
| 3. <u>under window</u> | _____ |

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

CSS 71505 Repaired space heater, installed new
fan motor & new fan blade, installed new line VAC
stat on outside wall, cycled several times, ops normal
insulated 2" water line under window.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Mike Dugall

Date:

1-27-23

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:

Chris Pothier

AFOS

Date:

1-27-23

Signed:

[Signature]

E-Mail: