



95 Hudson River Rd  
Waterford, NY 12188  
518 326 8450

Bill To

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

**Invoice 103789**

Aug 17, 2023

Job Number

102518

PO Number

CSS# 94232 - NY059

Payment Terms

Net30

**Total Due**

**\$530.00**

**Due Date**

**Sep 16, 2023**

CUSTOMER NAME

CMI Management, LLC

PROPERTY NAME

Rotterdam Army (NY059)

PROPERTY ADDRESS

101 Remsen St  
Rotterdam, NY 12306

AUTHORIZED BY

CUSTOMER WO

NTE

**Invoice Summary**

Received a call from the customer about the ductless split, the condensate pump is shutting off making a puddle of water on the floor. The condensate pump outlet is wired into the ceiling lights with a motion sensor. At night when the lights go out, the electrical outlet loses the 120vac and the pump stops pumping condensate.

Item Name	Description	Quantity	Unit Price	Price Subtotal
<b>Labor</b>	Labor ST-Mike Duvall - July 25, 2023	4	\$120.00	\$480.00
<b>Trip Charge</b>	Trip Charge	1	\$50.00	\$50.00
		<b>5</b>		<b>\$530.00</b>

Subtotal	<b>\$530.00</b>
Taxable Subtotal	<b>\$0.00</b>
Sales Tax Rate	<b>0%</b>
Tax Amount	<b>\$0.00</b>
<b>Total</b>	<b>\$530.00</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. All payments made by credit card will be issued a 3.5% processing fee.

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 Rokeham Date of Visit: 7-25-23

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

Inspection, Testing, and Certification

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

Other Recurring Services

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

Service Calls - Service Call Number and Description

- |  |                    |
|--|--------------------|
| 1. <u>CSS# 94232</u>   | <u>BPI# 102518</u> |
| 2. <u>found outlet that condensate pump is plugged into electrical</u> |                    |
| 3. <u>tied into the lighting circuit.</u>                              |                    |

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

CSS# 94232 BP1 # 102518  
Found the outlet that the condensate pump is plugged into  
is tied into the LIGHTING CIRCUIT w/ motion sensor.  
(when lights go off 120VAC TO pump goes off) And floods  
floor. NEED TO REWIRE outlet TO A dedicated 120VAC SOURCE.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Duvall Date: 7-25-23  
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 Date: 7-25-23  
Signed: [Signature]  
E-Mail: christopher.n.pothier.ctr@army.mil