

CERTIFICATION OF WORK

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

FACID/Building: NY 23 Bldg 123 ARSA

Date of Visit: 5/23/23

Location Address: ET TUTTEN RD

Contractor Personnel on Site:

MEKE, ANTHONY

Work Performed: DIAGNOSE PROBLEM WITH LEAKING TRANCE UNIT
Service Calls - PO/CSS# IN PAINT FLOOR

CS193292 WO 22139 PB 10008-1026

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WOLFE

Date: 5/23/23

Signed: [Signature]

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: PETER COMITO DFAS

Date: MAY 29 2023

Signed: [Signature]

Email: PETER.D.COMITO.CTR@ARMY.MIL

