

| CERTIFICATION OF WORK | |
|---|-------------------------------|
| (To be completed by the Contractor and saved in the Contractor's CMMS) | |
| FACID/Building: <u>NY23 POLY 200</u> | Date of Visit: <u>7/10/13</u> |
| Location Address: <u>FT TOTTEN NY</u> | |
| Contractor Personnel on Site: | |
| <u>Timmy, Tom</u> | |
| Work Performed: <u>Repair A/C line to VOC room</u> | |
| Service Calls – PO/CSS# <u>CSS 93981- W023718 PO1000K-1068</u> | |
| Please take pictures and send with quote | |
| CERTIFICATION OF WORK | |
| To be signed by the Contractor: | |
| Print Name: <u>Tom Weller</u> | Date: <u>7/10/13</u> |
| Signed: <u>Tom</u> | |
| To be signed by Facility Manager: | |
| I certify that the above named individuals representing the Contractor arrived on site. | |
| Print Name/Rank: <u>Louis Corbo</u> | Date: <u>JULY 13, 2013</u> |
| Signed: <u>Louis Corbo</u> | |
| Email: <u>Louis.A.Corbo.civ@Army.mil</u> | |

