

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

FACID/Building: 4423 RUMA 12 MA 10108 Date of Visit: 15 SEP
Location Address: FT TOTTEN MA

Contractor Personnel on Site:
MEET, JAMES

Work Performed: REPAIRS A/C UNIT LEAKING
Service Calls - PO/CSS#
CSS 04287 W0283 PO 1000K108

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:
Print Name: James Womack Date: 15 SEP 22
Signed: [Signature]

To be signed by Facility Manager:
I certify that the above named individuals representing the Contractor arrived on site.
Print Name/Rank: Louis Corbin Date: Sep 15, 2022
Signed: [Signature]
Email: Louis.A.Corbin-civ@Army.mil

