

CERTIFICATION OF WORK

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

FACID/Building: 1723 Bldg 200

Date of Visit: 8/2/2

Location Address: FT Totten NY

Contractor Personnel on Site:

Tito, Paul, Jerry, Jamar

Work Performed: Replace 4x10x12 broken glass

Service Calls – PO/CSS#

CSS 3/127 WO 13F94

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Wagoner

Date: 8/20/2

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 Corbo AFOS Date: \_\_\_\_\_

Signed: [Signature]

Email: Louis-A. Corbo-CTA@mail.mil

