

CERTIFICATION OF WORK

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

FACID/Building: NY28 BUK 124

Date of Visit: 4/4/22

Location Address: FT TOTTEN NY

Contractor Personnel on Site:

REPAIR DOWN SPARE + BUTTONS

Work Performed:

Service Calls – PO/CSS#

CSS 34692 WO 16630

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WOLFE

Date: _____

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 CORRO RFO S

Date: 4 APR 2022

Signed: [Signature]

Email: LOUIS - A - CORRO.CIV@ARMY.MIL



