

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

FACID/Building: WY 25 Bldg 121 Date of Visit: 11/22/22
 Location Address: FT TOTTEN NY

Contractor Personnel on Site:
FRANK, PAUL

Work Performed: REPAIRING 3 DOORS & SILE
 Service Calls - PO/CSS# 655 50571 WD 19760

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:
 Print Name: TOLAN MURPHY Date: 11/22/22
 Signed: [Signature]

To be signed by Facility Manager:
 I certify that the above named individuals representing the Contractor arrived on site.
 Print Name/Rank: LAURENCE GUNDA RF-5 Date: November 24 2022
 Signed: [Signature]
 Email: LAURENCE.GUNDA@army.mil

