

CERTIFICATION OF WORK (To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building: <u>NY29 CIVILS 519</u>	Date of Visit: <u>12/22/22</u>
Location Address: <u>FT DETTOW</u>	
Contractor Personnel on Site: <u>THOMAS, TOM, PAUL</u>	
Work Performed: <u>REMOVE WALL PAINTED (BASEMENT)</u>	
Service Calls - PO/CSS# <u>6510066 WO 20209</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>THOMAS, THOMAS</u>	Date: <u>12/22/22</u>
Signed: <u>[Signature]</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, LOUIS R.F.S.</u>	Date: <u>December 22, 2022</u>
Signed: <u>[Signature]</u>	
Email: <u>LOUIS.A.CLAUD@NY.MIL</u>	

