

CERTIFICATION OF WORK (To be completed by the Contractor and saved in the Contractor's CMMS)	
FacID/Building:	AN23 BLDG 370A
Location Address:	1000 NY 78 NY
Date of Visit:	2/15/23
Contractor Personnel on Site: <u>FRANK, TIMOTHY, PHIL</u>	
Work Performed: <u>REPAIR COMPUTER ROOM 1001 PREMIER TOPLOOR</u>	
Service Calls - PO/CSS# <u>CS5 91276 NO 20592</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name:	<u>JOHN WILSON</u>
Signed:	<u>John</u>
Date:	<u>2/15/23</u>
To be signed by Facility Manager: I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank:	<u>PETER D. LAMITO AFSC</u>
Signed:	<u>Peter</u>
Email:	<u>PETER.D.LAMITO.CS.GRSY.MIL</u>

