

CERTIFICATION OF WORK

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

FACID/Building: NY23 BUDg 20C

Date of Visit: 3/15/23

Location Address: FT TOTTEN NY

Contractor Personnel on Site:

FRANK PAUL

Work Performed: REPAIR MAIN DOOR

Service Calls – PO/CSS#

CSS 91491 WO 2062

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Robert Wolf

Date: 3/15/23

Signed: [Signature]

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: PETER COMITO DFAS

Date: MARCH 15, 2023

Signed: [Signature]

Email: PETER.D.COMITO.CTR@ARMY.MIL

