

# CERTIFICATION OF WORK

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

FACID/Building: NY23 014 300 RM115 Date of Visit: 5/9/23

Location Address: FT TOTTEN

Contractor Personnel on Site:

FRANK PAUL

Work Performed: Revised work as per plan provided from

Service Calls - PO/CSS#

CS 191977 NO 21070

Please take pictures and send with quote

## CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WALKER

Date: 5/9/23

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 AFOS Date: MAY 9, 2023

Signed: [Signature]

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

