

CERTIFICATION OF WORK

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

FACID/Building: NY23 QUA 129

Date of Visit: 3/30/23

Location Address: KT TOTTEN 14

Contractor Personnel on Site:

FRANK

Work Performed: REPAIR TRIM 2ND FLOOR LATRINE

Service Calls - PO/CSS#

CS 92861 WO 21251

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: BOB WATKINS

Date: 4/4/23

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 CAMITO DFAS

Date: APRIL 4, 2023

Signed: [Signature]

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

