

CERTIFICATION OF WORK

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

FACID/Building: NY23 Bldg 330A RM 103

Date of Visit: 5/24/23

Location Address: FT TOTTEN MD

Contractor Personnel on Site:

PAUL

Work Performed: INSTALL HARD ON COMMO BOX

Service Calls – PO/CSS#

06593262 WO22122

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WILSON

Date: 5/24/23

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 DFOS

Date: MAY 24, 2023

Signed: [Signature]

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







