

CERTIFICATION OF WORK

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

FACID/Building: N23 BLDG 200 ANNEX Date of Visit: 5/18/23

Location Address: FT TOTTEN

Contractor Personnel on Site:
TOTO

Work Performed: SECURE CASTING TO THE FLOOR IN ANNEX V105

Service Calls - PO/CSS#
615 93290 WD 2423 PO 10004-103

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: TOTU WO HUI

Date: 5/18/23

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: MAY 18, 2023

Signed: [Signature]

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



