

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

FACID/Building: NY 23 Bldg 206 Date of Visit: 2 June 23

Location Address: FT TOTTEN NY

Contractor Personnel on Site:
FRANK, THOMAS

Work Performed: REPAIR SHOWER DRAINAGE 1ST FLOOR LATRINE

Service Calls - PO/CSS#
CSS 93308 W022128 PO 10004-104

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JOHN WELSH Date: 2 June 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: LOUIS CORBO Date: June 5, 2017

Signed: [Signature]

Email: LOUIS.A.CORBO.CIV@ARMY.MIL

