



CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building:	MP23 Bldg 300 PM 707
Location Address:	FT TOTTEN NY
Date of Visit:	5/17/03
Contractor Personnel on Site:	
Paul	
Work Performed: Repair Dark Outlet	
Service Calls - PO/CSS# LIS 13416 LO 22141 PO 10061-1035	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name:	JOHN WORTH
Signed:	[Signature]
Date:	5/16/03
To be signed by Facility Manager:	
I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank:	PETER LAMITO SFC
Signed:	[Signature]
Date:	MAY 17, 2003
Email:	PETER.D.LAMITO.CTR@ARMY.MIL