

CERTIFICATION OF WORK	
(To be completed by the Contractor and saved in the Contractor's CMMS)	
FACID/Building: <u>0773 RUE 13</u>	Date of Visit: <u>7/5/27</u>
Location Address: <u>6700 10th AV</u>	
Contractor Personnel on Site:	
<u>Timmy Autheau</u>	
Work Performed: <u>A/C UNIT DIAGNOSTIC</u>	
Service Calls – PO/CSS# <u>01894184 4022332</u>	
Please take pictures and send with quote	
CERTIFICATION OF WORK	
To be signed by the Contractor:	
Print Name: <u>LOUIS CORBON</u>	Date: <u>7/5/27</u>
Signed: <u>[Signature]</u>	
To be signed by Facility Manager:	
I certify that the above named individuals representing the Contractor arrived on site.	
Print Name/Rank: <u>LOUIS CORBON</u>	Date: <u>JULY 5 2027</u>
Signed: <u>[Signature]</u>	
Email: <u>LOUIS.A.CORBON.CIV@ARMY.MIL</u>	

