

Additional Funding Request

Site: NY058	CSS # 21243 WO-5608
Description of Repairs	Main Building Air Handler not working number (AHU-1T) Installed 2 Drive Belts 5BX450 Realigned Drive Unit, Lubricate shafts Cleaned out Debris Left Two Spare Belts with AFOS MATERAIL
Diagnosis: Initial Work Order CSS# 21243	Repair Air Handler
Explanation of Additional Costs for Repairs	Labor and material to complete call
Additional Labor Cost to Perform Repairs	5hrs x \$190.00=\$950.00
Additional Material Cost to Perform Repairs	\$ 262.00
Total Cost of Repair	\$1212.00

ACAV SERVICES

September 11, 2019



INVOICE 0911191 EMERGENCY REPAIR

Bill To		Ship To	
Customer	International Support Group J Merchant	Recipient	99 RSC DPW R Linn
Customer ID#	NY058	Address	CW2 Kerry P Hein AFRC 200 Route 25A Sh0rehan MY 14609
Address	9050 Pines Blvd STE 150 Pembroke Pines FL 33024	Phone	718 631 6188
Phone	718 790 3562		
Payment Due	NET 30	Delivery Date	September 11, 2019
Salesperson	JW	Shipping Method	N/A
Payment Terms	CC	Shipping Terms	N/A

Qty.	Item#	Description	Unit Price	Line Total
1	1	Main Building Air Handler not working number (AHU-1T)		
		Installed 2 Drive Belts 5BX450		
		Realigned Drive Unit, Lubricate shafts		
		Cleaned out Debris		
		Left Two Spare Belts with AFOS		
		MATERAIL		\$262.00
		4ea 5BX450 Drive Belts 65.50 each		
		Labor		
		5 Hours @ \$190.00 per hour		\$950.00
		TOTAL		1212.00

ACAV Services

11 Snug Cove Lane
Bayville NY 11709
Jacka377@verizon.net
516 941 6581

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

FACID/Building: N4058 Date of Visit: 9/11/19

Contractor Personnel on Site:

1. J. Wolfner 2. _____

Work Performed: ESS EMERGENCY REPAIR

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders -

Asset #	Qty	Asset Description
		REPAIRED 2 DRIVE BELTS
		1 BY 450
		IN UNIT AHU-T
		READJUSTED DRIVE UNIT
		LUB DRIVE UNIT
		CLEAN ENCLOSURE
		LEVEL SPARE BELTS 2ea
		UNIT AFOS

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: J. Wolfner Date: 9/11/19

Signed: _____

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: ROBERT BENNETT AFOS Date: 9/4/19

Signed: 

E-Mail: _____





CAUTION
Do not touch the fan blades.
ATTENTION
Do not touch the fan blades.
Do not touch the fan blades.

ACCEPTED

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