

## Additional Funding Request

<b>Site: NY058</b>	<b>CSS # 21243 WO-5608</b>
Description of Repairs	<b>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</b>
Diagnosis: Initial Work Order <b>CSS# 21243</b>	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 Shoreham NY 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	<b>Main Building Air Handler not working number (AHU-1T)</b> <b>Installed 2 Drive Belts 5BX450</b> <b>Realigned Drive Unit, Lubricate shafts</b> <b>Cleaned out Debris</b> <b>Left Two Spare Belts with AFOS</b> <b>MATERAIL</b> <b>4ea 5BX450 Drive Belts 65.50 each</b> <b>Labor</b> <b>5 Hours @ \$190.00 per hour</b>		\$262.00
				\$950.00
		<b>TOTAL</b>		<b>1212.00</b>

### 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: NY058 Date of Visit: 8/11/19

**Contractor Personnel on Site:**

Date of Visit: 8/11/19

**Contractor Personnel on Site:**

1. I would

2.

### Work Performed:

esg

## EMERGENCY REPAIRS

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

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Tim Hines Date: 9/11/18  
Signed: Tim Hines

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 RENWICK AFSC Date: 9/4/12  
Signed: Robert Renwick  
E-Mail: \_\_\_\_\_



