

CERTIFICATION OF WORK

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

FACID/Building: N4058-02

Date of Visit: 03/10/21

Location Address: Shoreham, Long Island

Contractor Personnel on Site:

Deonvaughn Rowe

Work Performed: g replaced Men's and Women's Bathroom flush diaphragm.

Service Calls – PO/CSS# 29431

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deonvaughn Rowe

Date: 03/10/21

Signed: [Signature]

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: Ramon E. Lopez SFC

Date: 10/March/2021

Signed: [Signature]

Email: Ramon.E.Lopez190127@Mal.mil



From: Michele [Shelle] Dubois <mdubois@internationalsupportgroup.com>
Sent: Thursday, March 11, 2021 10:00 AM
To: Michele [Shelle] Dubois <mdubois@internationalsupportgroup.com>
Subject: