

### CERTIFICATION OF WORK

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

FACID/Building: NY058 - OR

Date of Visit: 03/10/21

Location Address: Shoreham, Long Island

Contractor Personnel on Site:

Deonvaughn Rose

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 Rose

Date: 03/10/21

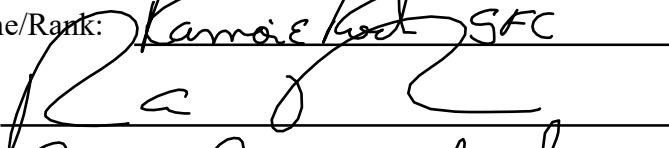
Signed: 

To be signed by Facility Manager:

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

Print Name/Rank: Ramon E. Rose SFC

Date: 10/March/2021

Signed: 

Email: Ramon.E.Rose1982@Mail.Mil



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