

CERTIFICATION OF WORK

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

FACID/Building: NYS8 OMS

Date of Visit: 6/12

Location Address: SHENECTADY

Contractor Personnel on Site:

BOB, JACK

Work Performed: RESET TOILET, INSTALLED SHOWER HEAD

Service Calls – PO/CSS#

CLS 97165 WD 2211 PO 1024-1012

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Bob Weller

Date: 6/12/12

Signed: Bob

To be signed by Facility Manager:

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

Print Name/Rank: SEAN MCBAIN

Date: JUNE 15, 2012

Signed: Sean McBain

Email: sean.l.mcbain.ctk@army.mil

