

**CERTIFICATION OF WORK**

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

FACID/Building: NYSC New York State Date of Visit: 8/15/2

Location Address: Shenectady, NY

Contractor Personnel on Site:

MBK

Work Performed: Install 4 Backflow Device

Service Calls – PO/CSS#

**Please take pictures and send with quote**

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: JOHN WOLFHORN

Date: 8/16/2

Signed: [Signature]

To be signed by Facility Manager:

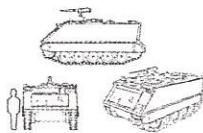
I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: Lewis Corzo AFOS Date: 8/16/2

Signed: [Signature]

Email: Lewis.A.Corzo.CTR@mail.mil

Jack Wohrle  
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11 Snug Cove Lane  
Bayville NY 11170  
jacka377@verizon.net  
516 941 6581

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ified Testers

## CUSTOMER INVOICE

www.backflowspecialists.com  
info@backflowspecialists.com

לעוגן ורמאן

Name US Army Reserves	Service Date: 7/15/21
Street Address 200 Route 25A	Tech Name: M. A. B.
City, State Zip Shortsville	WO#:
Contact Name:	Contact Tel: ( ) -
Terms: Due Upon Receipt	

**TEST RESULTS SUBMITTED TO AUTHORITIES UPON RECEIPT OF PAYMENT.**

## We performed the following backflow device testing:

**We performed the following repairs:**

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**Remarks:**

REMARKS.

	Sales Tax	\$
	Pay This Amount	\$
<b>BALANCES DUE OVER 60 DAYS WILL BE CHARGED INTEREST.</b>	Received by: <i>X Miller</i>	

