

EMTech dba / Energy Management Technologies, LLC  
 5 Hemlock Street  
 Latham, NY 12110  
 Phone # (518) 783-7810

# Invoice

Date	Invoice #
9/14/2021	6693

## Bill To

CMI Management, Inc.  
 PM / 99th - Region 2  
 5285 Shawnee Road Suite #510  
 Alexandria, VA 22312

Project	P.O. No.	Terms		Due on receipt
19801 Army Reserve T & M by Location	CSS# 31085	Due Date		9/14/2021
Description	Qty	Rate	Serviced	Amount
Mike Duvall - Rotterdam Army Location CSS# 31085 Located Air Compressor at Truck Bay. Disconnect was off with no pressure in compressor vessel. Will propose replacement. Mechanical HVAC service discounted local service contract rate.	3	114.00	6/21/2021	342.00T
SALES TAX: If deducting sales tax from invoice, please include your tax exempt certificate with payment.  For Assistance or Questions Please Contact Office Phone: (518) 783-7810 Extension 113 Service Dept. (518) 631-6004 Fax (518) 783-2079  Thank you for your business!		Subtotal \$342.00 Sales Tax (8.0%) \$27.36 Total \$369.36 Payments / Credits \$0.00 Balance Due \$369.36		





Energy Management Technologies, LLC  
Service 518-631-6004 Main 518-783-7810 Fax 518-783-2079

6693

### FIELD REPORT

Location Name Address <b>Roller Army</b>	Bill To	Date <b>6-21-21</b>
Contact / Phone <b>CS# 31085</b>	EMTech Contract #	Customer PO #
Technician Code <input type="checkbox"/> Contract <input checked="" type="checkbox"/> T & M <input type="checkbox"/> Quoted <input type="checkbox"/> Warranty <input type="checkbox"/> Sales Support <input type="checkbox"/> Material Sale Only		

#### Problem Description:

JOBSITE SAFETY CHECKLIST	WORK PERFORMED
<input type="checkbox"/> Electrical Shock Hazards	<b>Located Air compressor @ Truck Bay, DISCONNECTED off with NO PSI IN COMPRESSOR VESSEL. found 1</b>
<input type="checkbox"/> Confined Space	
<input type="checkbox"/> Inadequate Ventilation	
<input type="checkbox"/> Water/Oil/Other Liquids on Floor	
<input type="checkbox"/> Trip or Fall Hazards	
<input type="checkbox"/> Fire or Explosive Hazards	
<input type="checkbox"/> Site Checked	

REFRIGERANT ACTIVITY
Did Refrigerant Activity occur?
<input type="checkbox"/> Yes If yes, a Refrigerant Activity
<input type="checkbox"/> No Report Must be completed

SERVICE EXPENSE	PARTS and MATERIAL				
PARTS, MATERIAL SOURCE	Source	Qty	Part #	Description	PO #
<input type="checkbox"/> CS Customer Supplied					
<input type="checkbox"/> PC Procurement/Cash					
<input type="checkbox"/> TS Truck					
<input type="checkbox"/> TP EMTech Parts					
<input type="checkbox"/> VP Vendor Purchase					

EXPENSE TYPE (CHECK ALL THAT APPLY)	LABOR							
	Date	Name	DDC (Tech)	MS (Mech)	MS (Chiller)	Reg	Over Time	Double Time
<input type="checkbox"/> Sm Recovery Sys	<b>6-21-21</b>	<b>Mule</b>		<b>X</b>		<b>3</b>		
<input type="checkbox"/> Lg Recovery Sys								
<input type="checkbox"/> Vacuum Pump								
<input type="checkbox"/> Welder								
<input type="checkbox"/> Tube Brush Unit								
<input type="checkbox"/> Technology Charge								
<input type="checkbox"/> Fuel Charge								
<input type="checkbox"/> Environment Fee								
<input type="checkbox"/> Trip Charge								
<input type="checkbox"/> Pressure Washer								
<input checked="" type="checkbox"/> Mileage								
<input checked="" type="checkbox"/> Misc. Supplies								

Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe	Date	PO #
Customer Signature		

White - EMTech Yellow - Processing Pink - Customer

Services described were performed as part of the terms of this document



ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 059 Date of Visit: 6-21-21

Contractor Personnel on Site:

- |               |          |
|---------------|----------|
| 1. <u>WKO</u> | 4. _____ |
| 2. _____      | 5. _____ |
| 3. _____      | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- |               |       |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____      | _____ |
| 3. _____      | _____ |
| 4. _____      | _____ |

Inspection, Testing, and Certification

- |               |       |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____      | _____ |
| 3. _____      | _____ |
| 4. _____      | _____ |

Other Recurring Services

- |               |       |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____      | _____ |
| 3. _____      | _____ |
| 4. _____      | _____ |

Service Calls – Service Call Number and Description

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| 1. <u>CSS# <del>31085</del> 31085</u> | <u>located PSI SAFETY VALVE</u> |
| 2. <u>TDAI IS BACK</u>                | _____                           |
| 3. _____                              | _____                           |



ATTACHMENT J-0200000-05  
FORMS

Over and Above Repair Work – Order Number and Description of Work Completed

CSS# 31085 Located PS: SAFETY VALVE  
AT PS: SWITCH TAP. IS BAD.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Mike Dull

Date:

6-21-21

Signed:

M/Dull

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:

Date:

Signed:

E-Mail: