

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: <i>If deducting sales tax from invoice, please include your tax exempt certificate with payment.</i>					
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 <i>Rollergram Army</i>	Address	Bill To	Date <i>6-21-21</i>				
Contact / Phone <i>CSS# 31085</i>		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	<input type="checkbox"/> Confined Space	<i>Located Air compressor @ Truck Bay, Disconnects 1/4" off with no psi in Compressor Vessel.</i>					
<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)	
<input type="checkbox"/> Sm Recovery Sys	
<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? Yes No Describe

Customer Signature	Date	PO #
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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. JKO
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

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

1. N-A
2. _____
3. _____
4. _____

Inspection, Testing, and Certification

1. N-A
2. _____
3. _____
4. _____

Other Recurring Services

1. N-A
2. _____
3. _____
4. _____

Service Calls - Service Call Number and Description

1. CS# 3085 Located psi safety valve
2. Temp is back
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 that 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: _____