

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

Invoice

Date	Invoice #
9/14/2021	6546

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# 30781	Due Date		9/14/2021
Description	Qty	Rate	Serviced	Amount
Mike Duvall - Schenctady Reserve Location CSS# 30781 Repair Leak on CW Return on the Geothermal Piping. Found small leak at suction side of Pump 2-A Recommend replacement of "Vic" Coupling and Gasket. Mechanical HVAC service discounted local service contract rate.	3	114.00	5/26/2021	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

6546

FIELD REPORT

Location Name / Address <i>Schenectady Hwy</i>		Bill To		Date <i>5-26-21</i>
Contact / Phone <i>CS #30781</i>		Service Contract #		Installed Contract #
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	<i>Found small leak @ suction side of Pump 2-A NEED TO Replace the "Vic" coupling & gasket.</i>
<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)	Reg/Other Time	Over Time	Double Time
<input type="checkbox"/> Sm Recovery Sys	<i>5-26-21</i>	<i>M. Le</i>		<i>X</i>	<i>3</i>		
<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 <i>M. Le</i>	Date <i>5-26-21</i>	PO #
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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: Schoenherdt Hwy / Apur / NY 060

Date of Visit: 5-26-21

Contractor Personnel on Site:

- | | |
|----------------|----------|
| 1. <u>Mike</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# 30781</u> | <u>found small leak @ Section 8.20</u> |
| 2. <u>of Pipe 2-A.</u> | <u>Need to replace coupling & gasket</u> |
| 3. _____ | _____ |

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

CSS# 30781 for small leak @ suction side
of pump 2-A. NEED TO REPLACE CUPRING & GASKET.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Duvall Date: 5/26/21

Signed: [Signature]

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: Mike Moseman Date: 5/26/21

Signed: [Signature]

E-Mail: Michael.Moseman.ch@mail.mil