

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 - Schenectady Reserve Location CSS# 30781		3	114.00	5/26/2021	342.00T
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.					
SALES TAX: <i>If deducting sales tax from invoice, please include your tax exempt certificate with payment.</i>					
<i>For Assistance or Questions Please Contact Office Phone: (518) 783-7810 Extension 113 Service Dept. (518) 631-6004 Fax (518) 783-2079</i>					
<i>Thank you for your business!</i>					
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		Bill To		Date					
Schenectady Dry		Service Contract #		5-26-21					
Contact / Phone CSS #30781		Installed Contract #							
Problem Description:		JOBSITE SAFETY CHECKLIST <input type="checkbox"/> Electrical Shock Hazards <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							
		WORK PERFORMED <i>had small leak @ suction side of pump 2-A NEED TO Replace the "Vic" cap on & castor.</i>							
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 type="checkbox"/> Misc. Supplies		Date	Name		DDC (Tech)	MS (Mech)	Reg/Other Time	Over Time	Double Time
		5-26-21	Mike D			X	3		
Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe									
Customer Signature <i>MHD</i>					Date	5-26-21	PO #		
White - EMTech					Yellow - Processing		Pink - Customer		

Follow-up Required? Yes No Describe

Customer Signature

White - EMTech

Yellow - Processing

1100 Bink - Quat

Date	5-26-21	PO #
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Services described were performed as part of the terms of this document

CERTIFICATION OF WORK

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

FACID/Building: Schuyler Apartments NY 060

Date of Visit: 5-26-21

Contractor Personnel on Site:

1. Milo D
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. CSS# 30781 found small leak @ Suction side
2. of pump 2-A. NEED TO replace coupling & basket
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 Clamping \$65161.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Dull Date: 5/26/21
Signed: el 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: Mike Moseman Date: 5/26/21
Signed: Mike Moseman
E-Mail: Michael.Moseman-ctr@mail.mil