

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

Invoice

Date	Invoice #
4/22/2022	7637

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# 34317	Due Date	4/22/2022	
Description	Qty	Rate	Serviced	Amount
Mike Duvall - Service Call CSS# 34317 Schenectady Located HP 1-3 found the water valve not opening. Compressor in high head pressure. New Actuator for valve. Will supply proposal. Mechanical HVAC service discounted local service contract rate.	3	124.00	1/31/2022	372.00T
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		\$372.00
		Sales Tax (8.0%)		\$29.76
		Total		\$401.76
		Payments / Credits		\$0.00
		Balance Due		\$401.76



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

7637

FIELD REPORT

Location Name / Address <i>Schenectady Army</i>	Bill To	Date <i>1-31-22</i>
Contact / Phone <i>CS# 34317</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 <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	<i>Located HP 1-3 fan the water valve not opening compressor in high head psi. New actuator for valve will get will get a quote to fix issue</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					

	LABOR							
	Date	Name	DDC (Tech)	MS (Mech)	MS (Chiller)	Reg	Over Time	Double Time
<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	<i>1-31-22</i>	<i>Mike</i>		<i>X</i>		<i>3</i>		

Follow-up Required? ☐ Yes ☐ No Describe

Customer Signature <i>Mike</i>	Date <i>1-31-22</i>	PO # <i>CS# 34317</i>
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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: NY060 Date of Visit: 1-31-22

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>ISS# 34317</u> | <u>HP 1-3 found the water valve detector</u> |
| 2. <u>BAD. REMOVED FROM VALVE UNIT WORKING.</u> | _____ |
| 3. <u>NEED NEW ACTUATOR</u> | _____ |

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

CISST# 34317 HP 1-3 FWD WATER VALVE ACTUATOR
BAD. REMOVED FROM VALVE UNIT WORKING.
NEED NEW ACTUATOR

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Dyll Date: 1-31-22

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: Michael Moseina Date: 31 Jan 22

Signed: [Signature]

E-Mail: _____