

## UNITED A/C, REFRIGERATION PLUMBING & HEATING, INC.

201 ANN ST #1  
NEWBURGH, NY 12550

(845) 561-5030  
Fax (845) 561-0038

CS5 #24686

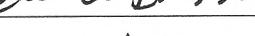
# HVAC SERVICE ORDER INVOICE

# INVOICE

424973

**BILL TO**

THIS WORK IS TO BE		
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE	<input type="checkbox"/> NO CHARGE
MAKER <i>St FC</i>	MAKE	
MODEL <i>mens k</i>	MODEL	
SERIAL NUMBER <i>Spa 66</i>	SERIAL NUMBER	

NAME	N.Y. ARMY NAT. G.R.C.	
STREET	910 KKB AVE	DATE 6/9/20
CITY	PROMISED New Windsor, N.Y.	
PHONE	CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
TECHNICIAN 	AUTHORIZED BY	
WORK TO BE PERFORMED Remove DCW RUST & INST NEW		
P.O. #	CSS# 24686	
CTM	MATERIAL & SERVICES	UNIT PRICE
		AMOUNT

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	
<input type="checkbox"/> RECOVERED			<i>Comments</i>
<input type="checkbox"/> RECYCLED			
<input type="checkbox"/> RECLAIMED			
<input type="checkbox"/> RETURNED			
<input type="checkbox"/> DISPOSAL			
<input type="checkbox"/> DISMANTLED			
<input type="checkbox"/> CHANGED OUT/REPLACED		<b>TOTAL \$</b>	

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
15	REFRIGERANT R-12 1 1/4 C Cyl 10 LB	LBS.	
3	1 1/4 x 3 1/4 P.P. P.T.		
3	3/4 P.P. ST 45		
3	" " ST 900		
2	1 1/4 " 45		
2	1 1/4 " 50 LB Cyl.		
3	3/4 x 1/2 FT X 67 P.P.		
50	2 1/2 " WHITE TAPE		
	FILTERS X X		
>	FILTERS X X		
	BELTS		

ABLE TO REPAIR MAIN  
W/O OPENING CEILING  
REPLACED MAIN AS PER  
S.O.W.

# CHICKEN FOR LEAKS + REPLACED INSULATION

### TOTAL MATERIALS

HRS.	LABOR	RATE	AMOUNT
6.5	DIMO		
6.5	MICKE		
	JANIEC		

**LIMITED WARRANTY:** All materials, parts and equipment are warranted by the manufacturers' or suppliers' written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company.

Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, Seller can remove said equipment/materials at Seller's expense. Any damage resulting from said removal shall not be the responsibility of Seller.

## TOTAL SUMMARY

TOTAL MATERIALS		
TOTAL LABOR		
er Quote - 10304.00		
TAX		
<b>TOTAL</b>		

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY 116

Date of Visit: 06/09/2020

Contractor Personnel on Site:

1. DEMO CHIPAWIT
2. MIKE ANGELO
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**Work Performed:**

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Inspection, Testing, and Certification**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Other Recurring Services**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Service Calls – Service Call Number and Description**

1. CSS 24696
2. \_\_\_\_\_
3. \_\_\_\_\_

**ATTACHMENT J-0200000-05  
FORMS**

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

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## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_

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: *AEAS* / /

Print Name/Rank: Patrick T. Scanlon Date: 06/09/2020

Signed: Patrik T. Salsbury

E-Mail: Patrick.t.Scanlon.CTR@mail.mil