

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

201 ANN ST #1
NEWBURGH, NY 12550

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

HVAC SERVICE ORDER
INVOICE

BILL TO
N.Y Army National Guard
910 Raz Ave
New Windsor, NY 12553

CSS#26320
WO# 9748

426328

NAME CMI Management Inc		STREET 5285 shawnee Rd suite 510		DATE 11-4-20	
CITY > Alexandria, VA 22312		PROMISED			
PHONE		CALL BEFORE		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
TECHNICIAN Adam		AUTHORIZED BY			
WORK TO BE PERFORMED Leak Repair on AHU 4					
P.O. # 30690, 31139					
QTY.	MATERIALS & SERVICES		UNIT PRICE	AMOUNT	
	REFRIGERANT R-		LBS.		
1	3" strainer victaulic				
1	3" valve "				
1	4x3 Reducer "				
1	2 1/2 x 2 Reducer "				
1	4x4x2 1/2 tee "				
2	4" Ring + gasket "				
3	3" Ring + gasket "				
1	2 1/2 Ring + gasket				
FILTERS		OVER		X	
> FILTERS		X		X	
BELTS					
TOTAL MATERIALS					
HRS.	LABOR		RATE	AMOUNT	
8.75	Adam				
7.5	Mike				
TOTAL LABOR					

TERMS

All sums due hereunder, if not paid within THIRTY (30) days of the above date, shall bear interest at the rate of 1.5% per month. In the event litigation is commenced to collect any sums due hereunder, the prevailing party in such litigation shall be entitled to an award of reasonable attorney's fee.

I have authority to order the work outlined above which has been satisfactorily completed. I agree that 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.

CUSTOMER SIGNATURE

DATE

THIS WORK IS TO BE		
<input type="checkbox"/> C.O.D. <input type="checkbox"/> CHARGE <input type="checkbox"/> NO CHARGE		
MAKE Trane	MODEL Mac B025VAOC0JB	MAKE
SERIAL NUMBER K086P0444	SERIAL NUMBER	SERIAL NUMBER

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

DESCRIPTION OF WORK PERFORMED					
<p>Upon Arrival shut down system branch to ahu 4. Removed leaking strainer, valve and tee. Replaced with new victaulic groove fittings. Restored system branch checked for leaks. Insulated Repair and left in full working order.</p>					

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.

REGULAR WARRANTY
 SERVICE CONTRACT

Thank You

TOTAL SUMMARY		
TOTAL MATERIALS		
TOTAL LABOR		
Per Quote	6,432.00	
TAX		
TOTAL		

ATTACHMENT J-0200000-05
FORMS

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

FACID/Building: Recruiting office Date of Visit: 11-4-20

Contractor Personnel on Site:

1. United - Adam
2. United - Mike
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 #: 26320 CMI WO # 9748 United # 426328
2. _____
3. _____

ATTACHMENT J-0200000-05
FORMS

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

WO #9748 - Repaired leaking victaulic fittings
over AHV 4. Checked for leaks. Left in full
working order

Glycol percentage within acceptable range

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Adam Acinsman Date: 11-4-20
Signed: Adam Acinsman

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: Robert Ragle Date: 4/11/20
Signed: Robert Ragle

E-Mail: _____