

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

426328

BILL TO

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

CSS# 26320
WO# 9748

THIS WORK IS TO BE

☐ C.O.D.

☐ CHARGE

☐ NO CHARGE

MAKE
Trane

MAKE

MODEL
McC B025UA0C0B

MODEL

SERIAL NUMBER
K086P0444

SERIAL NUMBER

NAME CMI Management Inc	
STREET 5285 Shawnee Rd suite 510	DATE 11-4-20
CITY Alexandria, VA	PROMISED 22312
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	

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			
<input type="checkbox"/> CHANGED OUT/REPLACED			
		TOTAL \$	

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	4x4 x 2 1/2 tee "		
2	4" Ring + gasket "		
3	3" Ring + gasket "		
1	2 1/2 Ring + gasket		
	FILTERS OVER X		
	FILTERS X X		
	BELTS		

DESCRIPTION OF WORK PERFORMED	
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.	

TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
8.5	Adam		
1.5	Mike		

TOTAL LABOR			
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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

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: 11-9-20

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>United - Adam</u> | 4. _____ |
| 2. <u>United - Mike</u> | 5. _____ |
| 3. _____ | 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 AHU 4. checked for leaks. left in full
working order

Glycol percentage within acceptable range

CERTIFICATION OF WORK

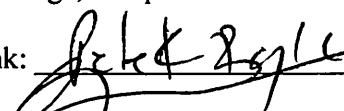
To be signed by the Contractor:

Print Name: Adam Heinsman Date: 11-4-20

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:

Print Name/Rank:  Date: 4/11/20

Signed: 

E-Mail: _____