

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

201 ANN ST
NEWBURGH, NY 12550

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

HVAC SERVICE ORDER
INVOICE

CASH 25562

423966

BILL TO

work 9742

NAME NYANG RECRUITING.		PROMISED 8/19/20		
STREET 910 RAZ AVE				
CITY New Windsor, N.Y.				
PHONE	CALL BEFORE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
TECHNICIAN DINO/MIKE	AUTHORIZED BY			
WOF Repair Down. Col. Water line				
P.O. # 30210, 30212, + 30148/CSS#25562 work 9742				
QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT	DESCRIPTION OF WORK PERFORMED
1	1 5/8 x 1 1/2" INSULATION			REMOVED PORT OF WATER VALVE & ALL OF ICE WATER LINE BRANCH LINE
10	1 1/2" C TUBE			INSTALLED NEW AS PER PROPOSAL
20	1/2 " "			
2	1/2" FKO PK 90°			
1	1 1/2 x 1 1/2" PP T			
2	1 1/2" PR COUPLING			
1	1/4" WATER FILTER			
10	3/8" OD TUBE			
2	1/2" 3/4" VALVES			
1	FILTERS 1/4" PK X FEMAL			
>1	FILTERS 1/4" M x 3/8" OD GND.			
3	3/8" x 1 1/2" INSUL.			
	TOTAL MATERIALS			

HRS.	LABOR	RATE	AMOUNT
6	DINO		
5.25	MIKE		
	TRAVEL		
TOTAL LABOR			

TERMS

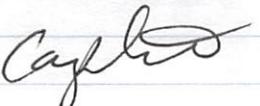
All sums due hereunder, if not paid within THIRTY (30) days of the above date, shall bear interest at the rate of 1.5% per month. In the event litigation is commenced to collect any sums due hereunder, the prevailing party in such litigation shall be entitled to an award of reasonable attorney's fee.

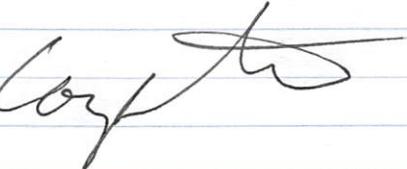
I have authority to order the work outlined above which has been satisfactorily completed. I agree that Seller retains title to equipment/materials furnished until final payment is made. If payment is not made as agreed, Seller can remove said equipment/materials at Seller's expense. Any damage resulting 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	MAKE	
MODEL	MODEL	
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			
<input type="checkbox"/> CHANGED OUT/REPLACED			
TOTAL \$			

			
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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

TOTAL SUMMARY		
TOTAL MATERIALS		
TOTAL LABOR		
Per Quote 2,330.30		
TAX		
TOTAL		

Thank You

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: ZNY 116

Date of Visit: 8/19/20

Contractor Personnel on Site:

1. MIKE ANGSCO
2. DEMO CHAPMAN
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. CS5#25562 WO#9742
2. REPAIR PUMP TO PCB MACHINING IN KITCHEN
3. _____

**ATTACHMENT J-0200000-05
FORMS**

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Drew Lubinayit Date: 8/19/20
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: _____

Signed:  JOHN HOLLEY

E-Mail: _____