

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

426321

BILL TO

CMI Management, Inc.

CSS# 27392
WO# 10689

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	

NAME N.Y. Army National Guard	
STREET	DATE 10/27/20
CITY >	PROMISED
PHONE	CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN Adam	AUTHORIZED BY
WORK TO BE PERFORMED water leak	
P.O.# 31081	

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	1 1/2 progress ball valve		182.00
1	3/4 progress ball valve		57.50
1	1 1/2 x 3/4 progress tee		82.45
1	1 1/2 progress slip coup		50.45
1	3/4 pro press 90		11.15
1	3/4 pro press coup.		9.40
10'	1 1/2 L	19.15	191.50
10'	3/4 L	7.20	72.00
	FILTERS X X		
>	FILTERS X X		
	BELTS		

Upon Arrival 3/4 line leaking on top of heater, shut down building water to remove corroded 3/4 and 1 1/2 copper pipe. Installed new 1 1/2 isolation ball valve and 3/4 shut off ball valve to hose bib with all necessary fittings and pipe. Restored water, checked for leaks, tested operation and left in full working order.

TOTAL MATERIALS			656.48
HRS.	LABOR	RATE	AMOUNT
4	Adam 3.75# travel	(4) 161.00	

TOTAL LABOR		644.00
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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 fees.

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.

CHRIS CATALANO
27 OCT 20

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	656.45
TOTAL LABOR	644.00
Per Quote	1300.45
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: Amsa 106 Date of Visit: 10-27-20

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>United - Adam</u> | 4. _____ |
| 2. _____ | 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

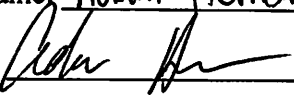
- | |
|---|
| 1. <u>United invoice #426321 - Emergency water leak</u> |
| 2. _____ |
| 3. _____ |

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

CSS # 27392 CMI WO # 10689 United invoice # 426321
Removed and Replaced leaking + corroded copper
installed isolation valve and hose bib shut off
valve.

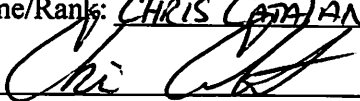
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Adam Heinsman Date: 10-27-20
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: CHRIS CATALANO WG/10 Date: 27 OCT 20
Signed: 

E-Mail: _____