

United Air Conditioning, Refrigeration, Plumbing &
 Heating, Inc.
 201 Ann Street #1
 Newburgh, NY 12550
 Phone 845-561-5030 Fax 845-561-0038

Invoice

DATE	INVOICE #
6/9/2020	422728

BILL TO	JOB SITE
CMI Management, Inc. 5285 Shawnee Rd Suite 510 Alexandria, VA 22312 Attn: Steven Miller	New York Army National Guard Recruiting 910 Raz Avenue New Windsor, NY 12553

P.O. NO.	TERMS		DUE DATE	REP	PROJECT	W.O. NO
CSS22287	Net 30		7/9/2020		New York Ar...	
ITEM	DESCRIPTION			QTY	RATE	AMOUNT
Labor	Date of Service 11-12-19 Several Exterior Doors Need Repairs - Please see attached Service Order for more details.			1.75	158.00	276.50

Thank you for your business.	Subtotal	\$276.50
	Sales Tax (8.125%)	\$22.47
	Total	\$298.97
	Payments/Credits	\$0.00
	Balance Due	\$298.97

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

201 ANN ST
NEWBURGH, NY 12550

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CSS# 22287

HVAC SERVICE ORDER INVOICE

422728

BILL TO

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		NY Army National Guard Rec.	
STREET		910 RAZ Avenue	DATE 11/12/19
CITY > New Windsor NY 12553		PROMISED	
PHONE		CALL BEFORE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN <u>M. M.</u>		AUTHORIZED BY	
WORK TO BE PERFORMED			

QTY.	MATERIALS & SERVICES		UNIT PRICE	AMOUNT
	REFRIGERANT R-	LBS.		
	Materials needed:			
	4 1/2" x 2" spring door hinge			
	2 - Automatic locking devices			
	For - 32" x 84" door			
	Riv nuts for upper mount			
	Tapcons for lower. 1/4" x 2 1/2"			
	4 Right angled brackets			
	FILTERS	X	X	
>	FILTERS	X	X	
	BELTS			

TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
1.5	\$ travel 1.75	158. ⁰⁰	

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.

Peter T. Saly
CUSTOMER SIGNATURE

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 \$	

DESCRIPTION OF WORK PERFORMED

R+D damage to 3 doors:

1066 Exit Door - Need to replace spring hinge $4\frac{1}{2} \times 2$. Frame is bent, will have to bend back into shape if not success. All a replacement will be needed. Requires door Removal!

First Floor - Mechanical double door
Need new upper & lower locking pin mechanisms. See the original part. Requires door Removal!

Supply storage - middle door frame was removed. Must be reattached

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.

benefit of above named company.		
<input type="checkbox"/> REGULAR	<input type="checkbox"/> WARRANTY	
<input type="checkbox"/> SERVICE CONTRACT		

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: _____

Date of Visit: 11/12/19

Contractor Personnel on Site:

1. M. J. and Angel 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. 1066 - Damaged Spring, Hinge) Bif Frame
2. Mechanical Room - Locking hinge pins damaged
3. Re-attach center door bar.

**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: Michael Arce Date: 11/12/19

Signed: M. M. G.

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: *165*

Print Name/Rank: Patrick T Scanlon AFOS Date: 11/12/2019

Signed: Patricia S. L.

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