

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	422740

BILL TO
CMI Management, Inc. 5285 Shawnee Rd Suite 510 Alexandria, VA 22312 Attn: Steven Miller

JOB SITE
New York Army National Guard Recruiting 910 Raz Avenue New Windsor, NY 12553

P.O. NO.	TERMS	DUE DATE	REP	PROJECT	W.O. NO
CSS22642	Net 30	7/9/2020		New York Ar...	

ITEM	DESCRIPTION	QTY	RATE	AMOUNT
Labor	Date of Service 12-12-19 Several Hand Soap Dispensers Need Repairs - Please see attached Service Order for more details.	1	158.00	158.00T

Thank you for your business.	Subtotal	\$158.00
	Sales Tax (8.125%)	\$12.84
	Total	\$170.84
	Payments/Credits	\$0.00
	Balance Due	\$170.84

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

HVAC SERVICE ORDER INVOICE

422740

BILL TO

THIS WORK IS TO BE

☐ C.O.D.☐ CHARGE☐ NO CHARGE

MAKE

MAKE

MODEL

MODEL

SERIAL NUMBER

SERIAL NUMBER

NAME <i>New York Army Nat. Guard Rec.</i>		DATE <i>12/12/19</i>	
STREET <i>910 Raz Avenue</i>		PROMISED	
CITY <i>> New Windsor, NY 12553</i>			
PHONE		CALL BEFORE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN <i>Michael</i>		AUTHORIZED BY	
WORK TO BE PERFORMED			
P.O. #			

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.		
	FILTERS X X		
>	FILTERS X X		
	BELTS		

DESCRIPTION OF WORK PERFORMED

Estimate for replacement:
Training building:
1st floor mens - 1 soap, 1 towel dispenser
1st fl Ladies - 1 soap
2nd fl mens - 2 soap
2nd fl Ladies - 2 soap
dispenser has $5\frac{1}{2}$ " spout with
3" round x 5" bottle
paper towel holder is a
manual Kimberly Clark Professional
Dispensers in AMSA 1066

TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
.75	Material & travel (1)		158. ⁰⁰

while old and out dated
seem to be working - 3 total
between both bathrooms
C522642

		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		

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.	TOTAL SUMMARY		
	TOTAL MATERIALS		
	TOTAL LABOR	158.	00
<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY			
<input type="checkbox"/> SERVICE CONTRACT			
<i>Thank You</i>	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: _____ Date of Visit: 12/12/19

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Michael Angel</u> | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

- | | |
|---|--|
| 1. <u>R+D of broken soap dispensers</u> | |
| 2. <u>paper towel dispenser</u> | |
| 3. <u>in training bldg. and AMSA 1066</u> | |
| 4. _____ | |

Inspection, Testing, and Certification

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Other Recurring Services

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |
| 4. _____ |

Service Calls – Service Call Number and Description

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Michael Angelo Date: 12/12/19
Signed: [Signature]

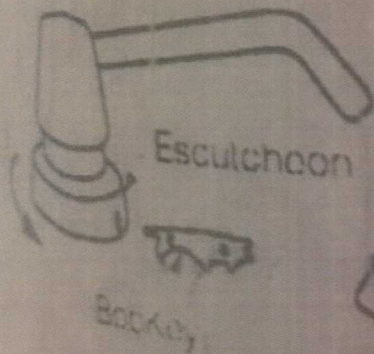
To be signed by Facility Manager:

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:

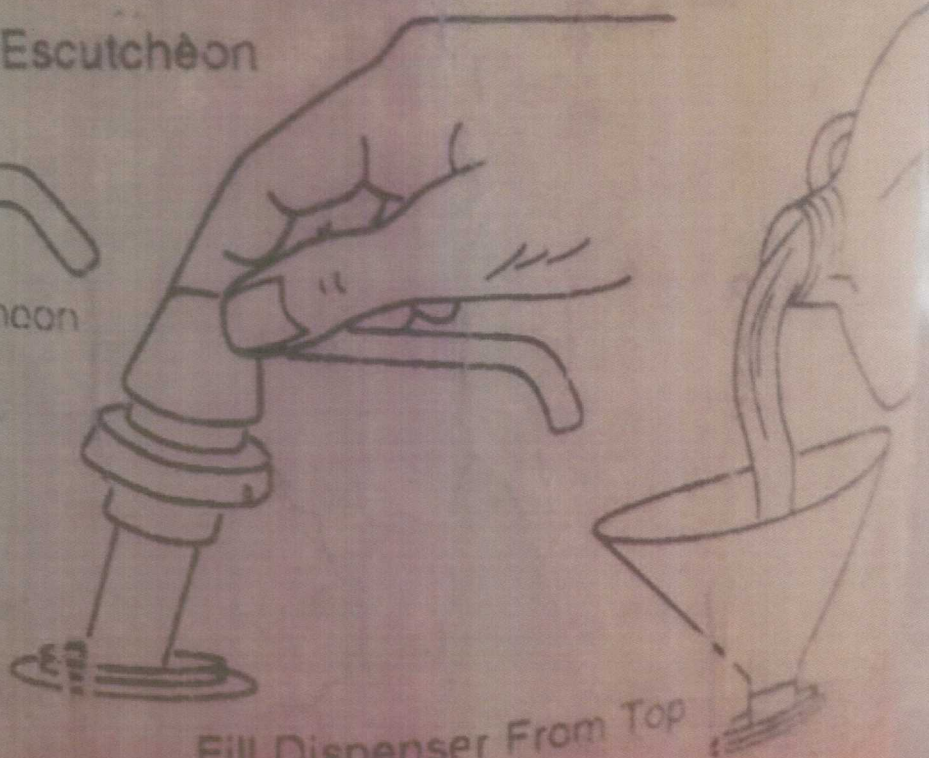
Print Name/Rank: Patrick F Scanlon AFOS Date: 12/12/2019
Signed: [Signature]
E-Mail: Patrick.F.Scanlon.CTR@mail.mil

B-82216 5 HB**FILL SOAP DISPENSER FROM TOP**

Insert BobKey Into Escutcheon
As Shown.



Remove Soap
Pump Assembly



Fill Dispenser From Top
Using A Funnel.

