

# 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

427699

BILL TO

CMI MANAGEMENT, INC

5285 SHAWNEE RD SUITE 510

ALEXANDRIA, VA, 22312

THIS WORK IS TO BE	
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE <input type="checkbox"/> NO CHARGE
MAKE CARRIER #2	MAKE
MODEL 08TME006-A.501	MODEL
SERIAL NUMBER 1606650527	SERIAL NUMBER

NAME US ARMY RESERVE CENTER	
STREET 123 RT 303	DATE 3/4/21
CITY PLANGEBURG - NY - 10962	PROMISED
PHONE 703-738-5304	CALL BEFORE WO: 12263 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN ALEX	AUTHORIZED BY CSS: 29342
WORK TO BE PERFORMED NO HEAT	
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	DESCRIPTION OF WORK PERFORMED
1	REFRIGERANT R- LBS. 16NITION BOARDS LH33W P002 (TRUCK STOCK) OEM REPLACEMENT		728.25	FOUND IGNITION BOARD MODULE DAMAGED. - GOT COMPATIBLE REPLACEMENT IN TRUCK STOCK, PROCEEDED TO REPLACEMENT.  - UNIT @ NORMAL OPERATIONS WITH A DISCHARGE OF 115°F.
>	FILTERS X X			
>	FILTERS X X			
	BELTS			

TOTAL MATERIALS

728.25

HRS.	LABOR	RATE	AMOUNT
1.5	ALEX \$ Travel	(2.25)	101.25

TOTAL LABOR

362.25

## 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

3/4/21

**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	728.25
TOTAL LABOR	362.25

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: 3/4/21

Contractor Personnel on Site:

- |                           |          |
|---------------------------|----------|
| 1. <u>CESAR A. KINZEL</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. _____ |
| 2. _____ |
| 3. _____ |

ATTACHMENT J-0200000-05  
FORMS

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

- REPLACED DAMAGED IGNITION BOARD.  
- UNIT HEATING, NORMAL OPERATIONS  
WO#: 12263  
CSS #: 29342

**CERTIFICATION OF WORK**

To be signed by the Contractor:


Print Name: CESAR A. KINZEL Date: 3/4/21

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: Byron Byler GS-12 Date: 4/3/21

Signed: 

E-Mail: \_\_\_\_\_