

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

# HVAC SERVICE ORDER INVOICE

428760

BILL TO

CMI MANAGEMENT, INC.

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 NYANGR		DATE 6/16/21	
STREET 940 RA2 AVE.		PROMISED	
CITY NEW WINDSOR - NY - 12553			
PHONE 703-738-5304	CALL BEFORE 553-81135		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN ALEX	AUTHORIZED BY W0: 13368		

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	SEE BELOW (X)
<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" PIPE CLAMP	6907	
	FILTERS X X		
>	FILTERS X X		
	BELTS		

DESCRIPTION OF WORK PERFORMED

DOMESTIC WATER LINE ABOVE MEN'S BATHROOM  
PIN HOLE LEAK FOUND.

INSTALLED A 1" X 6" CLAMP TO STOP THE  
WATER LEAK, THIS IS A TEMPORARILY REPAIR  
NEXT VISIT!


BRING 2 - 1" PRO-PRESS COUPLINGS  
3' X 1" PIPE

A 16" X 16" ACCESS DOOR AS SHOWN  
IN EMAIL PICTURE.

BUILDING WATER MUST BE SHUT-OFF DURING  
REPAIRS.

TOTAL MATERIALS			6907
HRS.	LABOR	RATE	AMOUNT
2 1/4	ALUM	163.00	

NOTE: THERE IS A BLOCKEN CONDENSING DRAIN RUBBER HOSE IN A WATER HEATER TANK IN THE MECHANICAL ROOM THAT MUST BE REPLACED SOON!

		TOTAL LABOR		36675
TERMS				
<b>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.</b>				
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.				
		646.21		
CUSTOMER SIGNATURE		DATE		

<b>LIMITED WARRANTY:</b> 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		
	<i>Per Quote Continued</i>		
<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY			
<input type="checkbox"/> SERVICE CONTRACT			
	TAX		
<i>Thank You</i>	<b>TOTAL</b>		



**(845) 561-5030**  
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# HVAC SERVICE ORDER INVOICE

428735

BIL TO

CMT

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 MYANG R		DATE 7/14/24	
STREET 910 RAZ Ave		PROMISED	
CITY New Windsor			
PHONE	CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		
TECHNICIAN Sg	AUTHORIZED BY		
WORK TO BE PERFORMED Replace Domestic Water leak			
P.O. #			

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
<b>WORK PERFORMED</b>	<b>QTY.</b>	<b>TYPE/DISPOSITION</b>	
<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		<b>TOTAL \$</b>	

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
5'	1 1/4 L copper		
2	1 1/2 PP condings		
	FILTERS X X		
>	FILTERS X X		
	BELTS		

DESCRIPTION OF WORK PERFORMED

Shut Water Down in building. Replaced Leaking Section of 1 1/2" Domestic Cold Water Line. Turned on water & checked for leaks.

Need to return to install 14x14 access Door in Sheetrock Ceiling. 16x16 was too big to fit in metal Framing.

TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
	35		
TOTAL LABOR			

<b>LIMITED WARRANTY:</b> All materials, parts and equipment are warranted by the manufacturer's or	<b>TOTAL SUMMARY</b>
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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 fee.**

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**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.

☐ REGULAR ☐ WARRANTY

☐ SERVICE CONTRACT

Thank You

### TOTAL SUMMARY

TOTAL MATERIALS		
TOTAL LABOR		
<i>Per Quote Continued</i>		
TAX		
<b>TOTAL</b>		

Per Quote Continued

**(845) 561-5030**  
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# HVAC SERVICE ORDER INVOICE

428741

BILL TO

CMI

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			
STREET		DATE	
910 Roz Ave		7/23/21	
CITY		PROMISED	
> New Windsor NY			
PHONE		CALL BEFORE	
		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
TECHNICIAN		AUTHORIZED BY	
Dag			
WORK TO BE PERFORMED			
Install access Deo			
P.O. #			

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
<b>WORK PERFORMED</b>	<b>QTY.</b>	<b>TYPE/DISPOSITION</b>	
<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		<b>TOTAL \$</b>	

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
1	May Accos Door PO# 32997		
	FILTERS X X		
>	FILTERS X X		
	BELTS		

DESCRIPTION OF WORK PERFORMED

Installed 14x14 access  
Door in sheetrock ceiling  
in mens Bedroom. From  
water leak repair.

TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
	54		
TOTAL LABOR			

<b>LIMITED WARRANTY:</b> 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.	<b>TOTAL SUMMARY</b>		
	<b>TOTAL MATERIALS</b>		
	<b>TOTAL LABOR</b>		
	<i>Per Quote</i> <b>1,426.<sup>82</sup></b>		
<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY			
<input type="checkbox"/> SERVICE CONTRACT	TAX		
<i>Thank You</i>	<b>TOTAL</b>		

## 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.**

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CUSTOMER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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: NYANGR Date of Visit: 6/16/21

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. <u>INSTALLED 1"X6" CLAMP TO TEMPORARILY STOP WATER LEAK</u> |
| 2. _____   |
| 3. _____   |

ATTACHMENT J-0200000-05  
FORMS

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

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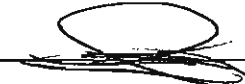
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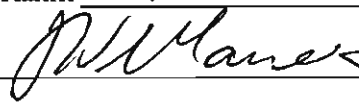
**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: CESAR A. KINZEL Date: 6/16/21  
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: RAMON VILLANUEVA Date: 6-16-2021  
Signed:   
E-Mail: \_\_\_\_\_

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: 7/14/21

Contractor Personnel on Site:

- |                     |          |
|---------------------|----------|
| 1. <u>Day Remer</u> | 4. _____ |
| 2. _____            | 5. _____ |
| 3. _____            | 6. _____ |

Work Performed: Repair leak in Domestic cold water line

**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**

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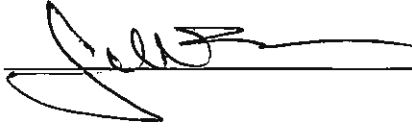
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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Jay Ramirez Date: 7/14/21  
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: James Johnson AFOS Date: 7-14-21  
Signed:   
E-Mail: \_\_\_\_\_