

## 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

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 <b>NYANGR</b>	DATE <b>6/16/21</b>		
STREET <b>910 RA2 AVE.</b>	PROMISED		
CITY <b>&gt;NEW WINDSOR-12553</b>			
PHONE <b>703-738-5304</b>	SAME DAY <b>555-31135</b>	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
TECHNICIAN <b>ALEX</b>	AUTHORIZED BY <b>WO : 13368</b>		
WORK TO BE PERFORMED <b>WATER LEAK REPAIR</b>			
P.O. # <b>32843</b>			
QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
1	1" PIPE CLAMP	6907	
	FILTERS X X		
>	FILTERS X X		
	BELTS		

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	SEE BELOW 
<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>	
DESCRIPTION OF WORK PERFORMED			
<p>- DOMESTIC WATER LINE ABOVE MEN'S BATHROOM PIN HOLE LEAK FOUND.</p> <p>- INSTALLED A 1" x 6" CLAMP TO STOP THE WATER LEAK, THIS IS A TEMPORARILY REPAIR NEXT <del>08/07/19</del> VISIT! </p> <p>BRING 2 - 1" PRO-PRESS COUPLINGS 3' x 1" PIPE</p> <p>A 16" x 16" ACCESS DOOR AS SHOWN IN EMAIL PICTURE.</p> <p>BUILDING WATER MUST BE SHUT-OFF DURING REPAIRS.</p>			

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

**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

## 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.

  
NEIL L. LARSON

646.21

DATE

TOTAL SUMMARY		
TOTAL TRIALS		
TOTAL LABOR		
	<i>Note Continued</i>	
TAX		
TOTAL		

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

201 ANN ST #1  
NEWBURGH, NY 12550

(845) 561-5030  
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HVAC SERVICE ORDER  
INVOICE

428735

BILL TO

CMT

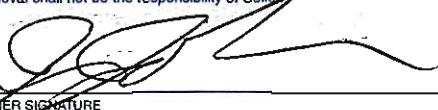
THIS WORK IS TO BE		
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE	<input type="checkbox"/> NO CHARGE
MAKE		MAKE
MODEL		MODEL
SERIAL NUMBER		SERIAL NUMBER

NAME: <u>NYANGR</u>		DATE: <u>7/14/21</u>	
STREET: <u>910 RAZ Ave</u>		PROMISED	
CITY: <u>New Windsor</u>		CITY: <u>New Windsor</u>	
PHONE: <u></u>		CALL BEFORE: <u></u>	
TECHNICIAN: <u>Say</u>		AUTHORIZED BY: <u></u>	
WORK TO BE PERFORMED: <u>Replace Domestic Water leak</u>			
P.O. #			
QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
5	REFRIGERANT R- LBS. <u>1 1/4 L copper</u>		
2	1 1/2 P.P. couplings <u></u>		
FILTERS	X X		
FILTERS	X X		
TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
	<u>Say</u>		
TOTAL LABOR			

TERMS

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CUSTOMER SIGNATURE

DATE

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 \$	

Shut water down in building. Replaced leaking section of 1 1/2 Domestic cold water line. Turned on water & checked for leaks.

Will need to return to ~~site~~ install 14x14 access door in Sheetrock side. 16x16 was to big to ~~fit~~ fit in metal framing.

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REGULAR  WARRANTY  
 SERVICE CONTRACT

Thank You

TOTAL SUMMARY

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL	

Per Quote Cont'd

**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**

428741

BILL TO

*CMJ*

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 910 Roz Ave

DATE 7/23/21  
PROMISED

CITY Newburgh NY

PHONE CALL BEFORE

A.M.  
 P.M.

TECHNICIAN *Joe* AUTHORIZED BY

WORK TO BE PERFORMED *Install access door*

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		
		<b>TOTAL \$</b>

QTY. MATERIALS & SERVICES UNIT PRICE AMOUNT

REFRIGERANT R-	LBS.		
1	14x14 Access		
Door			
Part	32997		
FILTERS	X X		
> FILTERS	X X		
BELTS			

**TOTAL MATERIALS**

HRS.	LABOR	RATE	AMOUNT
	<i>50</i>		

**TOTAL LABOR**

TERMS

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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

**TOTAL SUMMARY**

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
<i>Per Quote</i>	<i>1,426.82</i>
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: NYANGR

Date of Visit: 6/16/21

Contractor Personnel on Site:

1. CESAR A. KINZEL
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
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. INSTALLED 1"X6" CLAMP TO TEMPORARILY STOP WHEEL LEAK
2. \_\_\_\_\_
3. \_\_\_\_\_

**ATTACHMENT J-0200000-05  
FORMS**

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

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**CERTIFICATION OF WORK**

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To be signed by the Contractor:

Print Name: CESAL 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: Jill Manek

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. Tony Remecos
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
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**

## **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: JamesJohnsonAFOS@Gmail.com