

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

428945

BILL TO

| NAME<br>N.Y. Army National Guard   |   | STREET<br>910 RAZ AVE | DATE<br>8/18/21 |
|--|---|-----------------------|-----------------|
| CITY<br>> New Windsor, N.Y.  |   | PROMISED              |                 |
| PHONE  | CALL BEFORE<br><input type="checkbox"/> A.M.<br><input type="checkbox"/> P.M. |                       |                 |
| TECHNICIAN<br>Steve P  | AUTHORIZED BY   |                       |                 |
| WORK TO BE PERFORMED<br>Replace Backflow preventer<br>P.O. # CSS # 27251, WO - 10367 |   |                       |                 |
| QTY.   | MATERIALS & SERVICES  | UNIT PRICE            | AMOUNT          |
|  | REFRIGERANT R-  | LBS.                  |                 |
|  | FILTERS   | X X                   |                 |
| >  | FILTERS   | X X                   |                 |
|  | BELTS   |                       |                 |
| TOTAL MATERIALS  |   |                       |                 |
| HRS.   | LABOR   | RATE                  | AMOUNT          |
| 4  | SP  |                       |                 |
| 4  | PAUL  |                       |                 |
| 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

190821  
DATE

|                                 |                                 |                                    |
|---------------------------------|---------------------------------|------------------------------------|
| THIS WORK IS TO BE              |                                 |                                    |
| <input type="checkbox"/> C.O.D. | <input type="checkbox"/> CHARGE | <input type="checkbox"/> NO CHARGE |
| MADE                            |                                 | MAKE                               |
| LF 909                          |                                 | MODEL                              |
| 013445                          |                                 | SERIAL NUMBER                      |

|   |      |                  |                 |
|---|------|------------------|-----------------|
| 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 \$                                      |      |                  |                 |

Removed + replaced faulty Backflow preventer. Filled building system with water. No leaks present @ BFP.

After a few hours the street pressure fluctuated to a low pressure and caused the BFP to open and discharge a large volume of water. I spoke to Pete and told him to call New Windsor to check water pressure.

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           |  |  |
| PerQuote Continued... |  |  |
| TAX                   |  |  |
| TOTAL                 |  |  |

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PLUMBING & HEATING, INC.

201 ANN ST #1  
NEWBURGH, NY 12550

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

HVAC SERVICE ORDER  
INVOICE

429647

BILL TO

| NAME <i>GMI</i>                                  |   |                     |        |
|--|---|---------------------|--------|
| STREET   |   | DATE <i>8/19/21</i> |        |
| CITY <i>New Windsor</i>                          |   | PROMISED            |        |
| PHONE  | CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. |                     |        |
| TECHNICIAN <i>Paul</i>                           | AUTHORIZED BY   |                     |        |
| WORK TO BE PERFORMED <i>water leak at B.F.P.</i> |   |                     |        |
| P.O. #   |   |                     |        |
| QTY.   | MATERIALS & SERVICES  | UNIT PRICE          | AMOUNT |
|  | REFRIGERANT R- LBS.   |                     |        |
|  | FILTERS X X   |                     |        |
| >  | FILTERS X X   |                     |        |
|  | BELTS   |                     |        |
| TOTAL MATERIALS                                  |   |                     |        |
| HRS.   | LABOR   | RATE                | AMOUNT |
| .75  | <i>P</i>  |                     |        |
| TOTAL LABOR                                      |   |                     |        |

TERMS

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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.

*X*

CUSTOMER SIGNATURE

*8/19/21*  
DATE

|                                 |                                 |                                    |
|---------------------------------|---------------------------------|------------------------------------|
| 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                      |

| 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 \$         |                 |

*① Found B.F.P. draining water normally.*  
*② Pressure increases & fluctuates 81-85 psi*  
*③ possible static pressure issue*  
*④ Steve P. will contact Peter*  
  
*~~Signature~~ No one available for signature*

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

*Per Quote 7,300.00*

TOTAL SUMMARY

|                 |  |
|-----------------|--|
| TOTAL MATERIALS |  |
| TOTAL LABOR     |  |
| TAX             |  |
| 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: 910 Rte 2 Ave Date of Visit: 8/17/21

Contractor Personnel on Site:

1. Steve Petean,
2. Paul
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. Replace back flow Preventer
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:

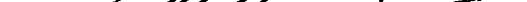
Print Name: Steve Petean; Date: 8/19/21

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: Peter Boyle Date: 190000/2-

Signed: 

E-Mail: [Palca13uy1@v6.nuc.edu](mailto:Palca13uy1@v6.nuc.edu)