

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

HVAC SERVICE ORDER INVOICE

428945

BILL TO

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

NAME N.Y. Army National Guard		DATE 8/18/21
STREET 910 RAZ AVE		PROMISED
CITY New Windsor, N.Y.		
PHONE	CALL BEFORE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN Steve P	AUTHORIZED BY	

WORK TO BE PERFORMED	Replace Backflow preventer
P.O. #	CSS # 27251, WO-10367

	QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
		REFRIGERANT R- LBS.		
V		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 _____ DATE 19 Nov 21

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		TOTAL \$	
<input type="checkbox"/> CHANGED OUT/REPLACED			

DESCRIPTION OF WORK PERFORMED

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.	TOTAL SUMMARY		
	TOTAL MATERIALS		
	TOTAL LABOR		
	<i>Per Quote continue</i>		
<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY	TAX		
<input type="checkbox"/> SERVICE CONTRACT			
<i>Thank You</i>	TOTAL		

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HVAC SERVICE ORDER INVOICE

429647

BILL TO

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 <i>CMIT</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. #	


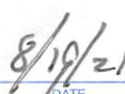
ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	
<input type="checkbox"/> RECOVERED			
<input type="checkbox"/> RECYCLED			
<input type="checkbox"/> RECLAIMED			
<input type="checkbox"/> RETURNED			
<input type="checkbox"/> DISPOSAL			
<input type="checkbox"/> DISMANTLED			
<input type="checkbox"/> CHANGED OUT/REPLACED		TOTAL \$	

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
	FILTERS X X		
>	FILTERS X X		
	BELTS		

- ① Found B.F.P. draining water normally.
- ② Pressure increases + fluctuates 81-85 psi
- ③ possible street pressure issue
- ④ Steve P. will contact peter

[illegible]

~~There~~ No one available
for signature

		TOTAL LABOR	
TERMS			
<p>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.</p> <p>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.</p>			
			
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		
	Per Quote 7,300.00		
<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY	TAX		
<input type="checkbox"/> SERVICE CONTRACT			
Thank You	TOTAL		

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: 910 Rtz Ave Date of Visit: 8/19/21

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Steve Peteani</u> | 4. _____ |
| 2. <u>Paul</u> | 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>Replace back flow Preventer</u> |
| 2. _____ |
| 3. _____ |

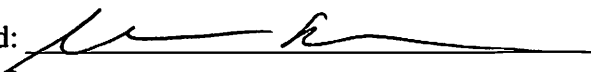
ATTACHMENT J-0200000-05
FORMS

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Steve Peteani 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: 10/20/21

Signed: 

E-Mail: Peter.Boyle@virginia.gov