

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

201 ANN ST #1  
NEWBURGH, NY 12550

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

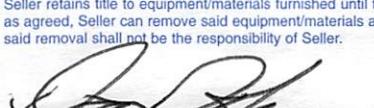
# HVAC SERVICE ORDER INVOICE

430060

**BILL TO**

CSS# 32287		WOT# 14848
NAME	New York Army Nat. Guard	
STREET	910 Raas Ave	
CITY	New Windsor, N.Y.	
>		
PHONE	CALL BEFORE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN	AUTHORIZED BY	
WORK TO BE PERFORMED		
Chiller Pressure Issues		
P.O. #		
		DATE 8-25-21 PROMISED

THIS WORK IS TO BE		
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE	<input type="checkbox"/> NO CHARGE
MAKE <i>trane</i>	MAKE	
MODEL <i>RTAC 1554 CROFT</i>	MODEL	
SERIAL NUMBER <i>108701376</i>	SERIAL NUMBER	

STREET 910 Razz Ave		DATE 8-25-21		ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS Rebuild RPZ valve AB110# 4020472 34" 136488 LMID incomplete																				
CITY > New Windsor, N.Y.		PROMISED		WORK PERFORMED		QTY.		TYPE/DISPOSITION																			
PHONE		CALL BEFORE		<input type="checkbox"/> A.M.		<input type="checkbox"/> P.M.		<input type="checkbox"/> RECOVERED																			
TECHNICIAN Dave		AUTHORIZED BY		<input type="checkbox"/> RECYCLED		<input type="checkbox"/> RECLAIMED																					
WORK TO BE PERFORMED Chiller Pressure Issues		P.O. #		<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																				
	REFRIGERANT R- LBS.						Found chiller pressure high. Closed water feed + drained to reserve tank. Dropped pressure. Need to rebuild RPZ valve																				
	FILTERS X X																										
>	FILTERS X X																										
	BELTS																										
<b>TOTAL MATERIALS</b>																											
HRS.	LABOR		RATE		AMOUNT																						
1 DAVE																											
<b>TOTAL LABOR</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.																											
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.																											
 <span style="float: right;">8-25-21</span>																											
<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY <input type="checkbox"/> SERVICE CONTRACT  <span style="color: red; font-size: 1.5em;">Thank You</span>																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">TOTAL MATERIALS</td> <td colspan="2" style="text-align: center;">TOTAL SUMMARY</td> </tr> <tr> <td colspan="2" style="text-align: center;">TOTAL LABOR</td> <td colspan="2" style="text-align: center;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">TAX</td> <td colspan="2" style="text-align: center;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">TOTAL</td> <td colspan="2" style="text-align: center;"></td> </tr> </table>												TOTAL MATERIALS		TOTAL SUMMARY		TOTAL LABOR				TAX				TOTAL			
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TOTAL LABOR																											
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TOTAL																											

CERTIFICATION OF WORK

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

FACID/Building: Raz Ave Date of Visit: 8-25-21

Contractor Personnel on Site:

1. DAVE N
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. CS5 #32287 / not #14848
2. \_\_\_\_\_
3. \_\_\_\_\_

**ATTACHMENT J-0200000-05**

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

## **CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Dave Nelson Date: 8-25-21  
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: 8/28/20  
Signed:   
E-Mail:

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

430420

BILL TO

CS# 32287 work 14848

NAME New York Army Nat. Guard		DATE 9-28-21
STREET 910 RAZ AVE	CITY > New Windsor, N.Y.	
PHONE	CALL BEFORE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN Dove	AUTHORIZED BY	
WORK TO BE PERFORMED Rebuild RPZ valve for chiller P.O. 33361		

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

**TOTAL MATERIALS**

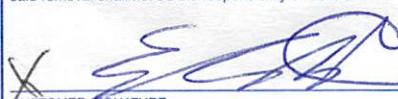
HRS.	LABOR	RATE	AMOUNT
	Dove		

**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.



9-28-21

DATE

THIS WORK IS TO BE	
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE
<input type="checkbox"/> NO CHARGE	
MAKE trane	MAKE
MODEL RTAC 15374 cr087	MODEL
SERIAL NUMBER 008501316	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 pressure from valve.  
Disassembled valve.  
Rebuilt entire valve.  
Changed, lubricated + Re-assembled.  
tested ~~is not~~ operation.  
inlet Psi = 78 Psi  
outlet = 58 Psi.  
unit currently operational.

**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		
TAX		
TOTAL		

Per Quote 2,162.75

ATTACHMENT J-0200000-05  
FORMS

**CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: 910 Haz on New Windsor Date of Visit: 9-28-21

Contractor Personnel on Site:

1. Dave Nelson
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. CSS# 32287 / wot 148Y8
2. Rebuild Apollo RPZ valve for chiller supply water
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: Dave Nelson Date: 9-28-21

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: Booth, Ericka GS-11 Date: 9-28-21

Signed: 

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