

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

HVAC SERVICE ORDER INVOICE

430060

BILL TO

THIS WORK IS TO BE	
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE
<input type="checkbox"/> NO CHARGE	
MAKE <i>frane</i>	MAKE
MODEL <i>RTAC 1554 CROTT</i>	MODEL
SERIAL NUMBER <i>UOB J01376</i>	SERIAL NUMBER



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

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	Rebuild RPZ valve Add ID # 40204T2 3/4" 136488 MID incomplete
<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 \$	

[illegible]

Found chiller pressure high.
Closed water feed + drained
to reserve tank.
Dropped pressure.
Need to rebuild RPE valve

		TOTAL MATERIALS	
HRS.	LABOR	RATE	AMOUNT
1	DAVE		

	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> <p> CUSTOMER SIGNATURE</p> <p> DATE</p>		

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 Continued</i>		
<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY			
<input type="checkbox"/> SERVICE CONTRACT			
	TAX		
<i>Thank You</i>	TOTAL		

ATTACHMENT J-0200000-05
FORMS

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. <u>DAVE N</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>CSS # 32287 / no# 14848</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:

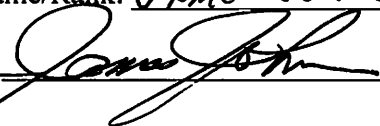
Print Name: Dave Nelson Date: 8-25-21

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: 8-25-20

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

CSS# 32287 WO# 14848

NAME New York Army Nat. Guard
STREET 910 RAZ AVE
CITY NEW HAVEN, CT
PHONE 203 336 1111
TECHNICIAN Dove
WORK TO BE PERFORMED Rebuild R22 valve for chiller
P.O. 33361

DATE 9-28-21
PROMISED 9-28-21
CALL BEFORE ☐ A.M. ☐ P.M.
AUTHORIZED BY

THIS WORK IS TO BE
☐ C.O.D. ☐ CHARGE ☐ NO CHARGE

MAKE Trane
MODEL R4AC 1534
SERIAL NUMBER 608501376

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	DESCRIPTION OF WORK PERFORMED
1	REFRIGERANT R-22 LBS. Rebuild Kit			Removed Pressure from valve. Disassembled valve. Rebuilt entire valve. Cleaned, lubricated + Re-assembled. tested w/ot operation. inlet PSI = 78 PSI outlet -- 58 PSI. w/ot currently operational.
>	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.

CUSTOMER SIGNATURE [Signature] DATE 9-28-21

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	
Per Quote 2,162.75	
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 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 / wo # 14848
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: Daye Nelson Date: 9-28-21
Signed: [Signature]

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: Boon, Eric A GS-11 Date: 9-28-21
Signed: [Signature]

E-Mail: _____