

**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**

426357

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 LF909MOD | MODEL |
| SERIAL NUMBER 008437 | SERIAL NUMBER |

| | |
|---|---|
| NAME N.Y. Army National Guard 116 | |
| STREET 910 RAZ AVE | DATE 11/9/20 |
| CITY New Windsor, N.Y. | PROMISED |
| PHONE | CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. |
| TECHNICIAN Steve P | AUTHORIZED BY |
| WORK TO BE PERFORMED Check 3" Backflow preventor | |
| P.O. # CSS 27251 | 10367 |

| ENVIRONMENTAL CHECK LIST | | | RECOMMENDATIONS |
|---|------|------------------|--------------------------|
| WORK PERFORMED | QTY. | TYPE/DISPOSITION | |
| <input type="checkbox"/> RECOVERED | | | Replace B/F preventor |
| <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 | | |

checked backflow preventor
for replacement

Need 2 - 3" gaskets

backflow preventor only
if possible. Gate valves and
strainer are ok.

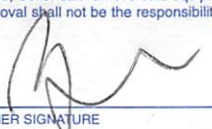
2 men 4 hrs.

| TOTAL MATERIALS | | | |
|-----------------|------------|--------|--------|
| HRS. | LABOR | RATE | AMOUNT |
| 1 | OT on-site | 241.50 | |
| TOTAL LABOR | | | 241.50 |

* Vehicle Maintenance bldg
Mechanical room
AMSA

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 11/6/20

| 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 | |
|---|-----------------------------------|-----------------|--------|
| <input type="checkbox"/> REGULAR | <input type="checkbox"/> WARRANTY | TOTAL MATERIALS | |
| <input type="checkbox"/> SERVICE CONTRACT | | TOTAL LABOR | 241.50 |
| | | TAX | |
| 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: AMSA Date of Visit: 11/9/20

Contractor Personnel on Site:

- | | |
|-------------------------|----------|
| 1. <u>Steve Peteani</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>Check backflow preventer for replacement</u> |
| 2. _____ |
| 3. _____ |

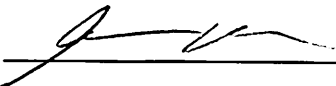
ATTACHMENT J-0200000-05
FORMS

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

CERTIFICATION OF WORK

To be signed by the Contractor:

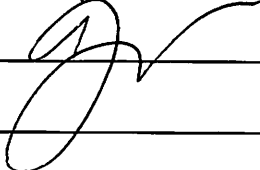
Print Name: Steve Peteani Date: 11/9/20

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 Byl RACS Date: 11/4/20

Signed: 

E-Mail: _____