

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

HVAC SERVICE ORDER INVOICE

426358

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 909	MODEL
SERIAL NUMBER 218549	SERIAL NUMBER

NAME N.Y. ANG		Site NY 116	
STREET 910 RAZ Ave		DATE 11/9/20	
CITY > New Windsor, NY.		PROMISED	
PHONE		CALL BEFORE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN Steve P		AUTHORIZED BY	
WORK TO BE PERFORMED Check backflow preventor			
P.O. # CSS 27253		10368	

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	Replace B/F preven for
<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		

DESCRIPTION OF WORK PERFORMED

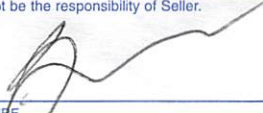

Need 2 4" gaskets 4 bolt
main bldg mechanical room
114

Need B/F preventor only
gate valves are OK.

2 men 4 hrs.
Small chain fall with rigging
straps and shackles.

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

*must be scheduled as water main will be turned off to bldg. *

		TOTAL LABOR		241.50
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	241.	30
<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY			
<input type="checkbox"/> SERVICE CONTRACT			
<i>Thank You</i>	TAX		
	TOTAL		

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: N.Y. 116 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

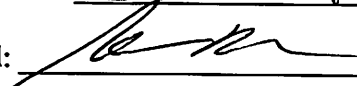
- | |
|-------------------------------------|
| 1. <u>check Break Fan preventor</u> |
| 2. _____ |
| 3. _____ |

ATTACHMENT J-0200000-05
FORMS

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

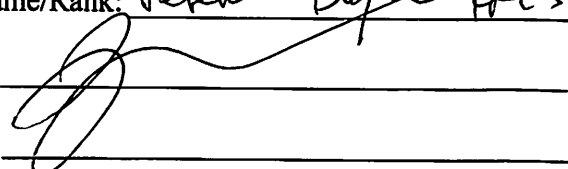
CERTIFICATION OF WORK

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 Boyle HES Date: 11/9/20
Signed: 
E-Mail: _____



Room 114