

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

427603

BILL TO

NAME NY ARMY NAT. GUARD REC.		STREET 910 RAY AVE		DATE 3/12/21	
CITY > New Windsor, N.Y.		PROMISED			
PHONE		CALL BEFORE		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
TECHNICIAN Dino		AUTHORIZED BY			
WORK TO BE PERFORMED AHU1T TXNIPWV VFD					
P.O.# CSS# 29177					
QTY.	MATERIALS & SERVICES		UNIT PRICE	AMOUNT	DESCRIPTION OF WORK PERFORMED
	REFRIGERANT R-		LBS.		Found unit operating found Oh.
	FILTERS		X X		checked voltage L1, L2 & L3 to ground 286, 284, + 286 respectfully
>	FILTERS		X X		TIGHTENED ALL ELECT TECHNIC FROM BREAKER TO MOTOR
	BELTS				OBSERVED OPERATION FOUND ON
TOTAL MATERIALS					
HRS.	LABOR	RATE	AMOUNT		
2.75	Dino (3)	161.00		VFD INFO TRANE MF# X13170486030 # 174F8577 OK # 919500Y318	
TOTAL LABOR					483.00

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.

for 10

CUSTOMER SIGNATURE

DATE

THIS WORK IS TO BE		
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE	<input type="checkbox"/> NO CHARGE
MAKE TKANE		MAKE
MODEL MCCB025UA		MODEL OCOURA
SERIAL NUMBER K08G80405		SERIAL NUMBER

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	<i>Copy to</i>
<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			

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"/> SERVICE CONTRACT			TOTAL MATERIALS	
<input type="checkbox"/> WARRANTY			TOTAL LABOR	483.00
			TAX	
			TOTAL	
<i>Thank You</i>				

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: N114

Date of Visit: 3/12/21

Contractor Personnel on Site:

1. DINO LAPIANA
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# 29177 AHU #15 TRIP/OPENING VFD
2. _____
3. _____

ATTACHMENT J-0200000-05
FORMS

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

CERTIFICATION OF WORK

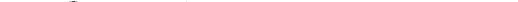
To be signed by the Contractor:

Print Name: DINO LASIANA Date: 3/12/21
Signed: Dino L. L.

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 NINDOLY GS-11 Date: 12 MAR

Signed: 

E-Mail: _____