

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

HVAC SERVICE ORDER INVOICE

428417

BILL TO

CMI MANAGEMENT, INC

OUTSIDE CHILLED

THIS WORK IS TO BE

☐ C.O.D.☐ CHARGE☐ NO CHARGE

MAKE

MAKE

TRANE

10

MODE

MODE

RTAC.1

DAFN. N

SERIAL NUMBER

SERIAL NUMBER

U08301376

NAME NYANGR		DATE 5/20/21	
STREET 910 RAZ AVE.		DATE 5/20/21	
CITY New Windsor - NY - 12553		PROMISED	
PHONE 845-800-8713	GALE BEFORE CSS#: 30698	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
TECHNICIAN ALEX	AUTHORIZED BY WO#: 13328		
WORK TO BE PERFORMED NO A/C IN BUILDING			
P.O. #			

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
	REFRIGERANT R- LBS.		
>	FILTERS X X		
>	FILTERS X X		
	BELTS		

TOTAL MATERIALS

HRS.	LABOR	RATE	AMOUNT
2.25	ALX & Travel	(2.5) 163. ⁰⁰	

TOTAL LABOR

407.50

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.

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

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NYANGR Date of Visit: 5/20/21

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. <u>CESAR A. KINZEL</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. NO COOLING WO#13328 CSS# 30698
2. _____
3. _____

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

FOUND CHILLER UNIT IN STAND BY DUE 2 ALARMS
• LOW EVAPORATOR REPT TEMPERATURE CKT #1, #2.
SYSTEM RESET: CHILLER IN NORMAL OPERATIONS
• PUMPS: OK
• COMPRESSORS RUNNING
• WATER LEAVING 44°F
• NO ALARMS ACTIVE AT DEPARTURE

CERTIFICATION OF WORK

To be signed by the Contractor:

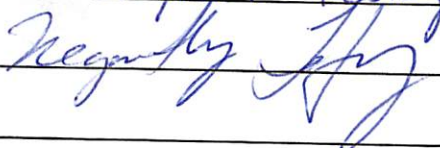
Print Name: CESAR A. KINZEL Date: 5/20/21

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: Negasi F. Tesfay Date: 5/20/21

Signed: 

E-Mail: _____