

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

HVAC SERVICE ORDER INVOICE

428445

BILL TO

CMI MANAGEMENT INC.

| | |
|---------------------------------|--|
| THIS WORK IS TO BE | |
| <input type="checkbox"/> C.O.D. | <input type="checkbox"/> CHARGE <input type="checkbox"/> NO CHARGE |
| MAKE TRANE | MAKE |
| MODEL RTAC-1554-UR04 | MODEL |
| SERIAL NUMBER 1108301376 | SERIAL NUMBER |

| | | | |
|--|---|----------------|--|
| NAME NYANG R | | DATE 6/7/21 | |
| STREET 940 RA2 AVE. | | PROMISED | |
| CITY > NEW WINDSOR - NY - 12553 | | | |
| PHONE 703 - 738 - 5304 | CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | | |
| TECHNICIAN ALEX | AUTHORIZED BY WO#13345 | | |
| WORK TO BE PERFORMED NO COOLING 2ND FL / 1ST FL | | | |
| 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 | | | |

DESCRIPTION OF WORK PERFORMED

AT ARRIVAL FOUND CHILLER JUST RESET BY MAINTENANCE GUY.

CHILLER IN OPERATIONS WITH A PREVIOUS ALARM : 1 PHASE LOST ON JUNE 6TH, THIS LOST OF POWER IS THE CAUSE OF LOST COOLING.

SYSTEM IN NORMAL OPS.

| HRS. | LABOR | RATE | AMOUNT |
|-------------|-------|------|--------|
| 4.62 | | | |
| | | | |
| | | | |
| TOTAL LABOR | | | |

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |

LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers' or

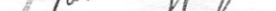
TOTAL SUMMARY

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.

said removal shall not be the responsibility of Seller.

 6/7/21

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.

☐ 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: 6/7/21

Contractor Personnel on Site:

- | | |
|---------------------------|----------|
| 1. <u>GESAR 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. CHILLER RESET, STORAGE 1 PREVIOUS ALARM: 1 PHASE
2. LOSS YESTERDAY.
3. CHILLER IN NORMAL OPS.


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:

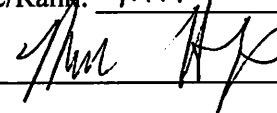
Print Name: CESAR A. KINZEL Date: 6/7/21

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: Mark Hoslop / GS 11 Date: 6/5/21

Signed: 

E-Mail: _____