

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

428743

BILL TO

CMI MANAGEMENT, INC

NAME NYANGR		STREET 910 RA2 4TH		DATE 6/9/21	
CITY > NEW WINDSOR - NY - 12553		PROMISED			
PHONE 703-738-5304		CALL BEFORE AUTHORIZED BY ALEX		A.M. P.M.	
TECHNICIAN ALEX					
WORK TO BE PERFORMED SENSOR REPLACEMENT (W.E.T.S)					
P.O. #					

THIS WORK IS TO BE	
<input type="checkbox"/> C.O.D. <input type="checkbox"/> CHARGE <input type="checkbox"/> NO CHARGE	
MAKE TRANE	MAKE
MODEL ATAC-1554-UROH-YAFN-N1X-1DDN-	MODEL
SERIAL NUMBER U08301376	SERIAL NUMBER RAOE.NION.NOEX.N

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	
<input type="checkbox"/> RECOVERED			- REPLACE DISPLAY -
<input type="checkbox"/> RECYCLED			CONTROLLER. <input checked="" type="checkbox"/>
<input type="checkbox"/> RECLAIMED			SEE ME FOR
<input type="checkbox"/> RETURNED			
<input type="checkbox"/> DISPOSAL			
<input type="checkbox"/> DISMANTLED			
<input type="checkbox"/> CHANGED OUT/REPLACED		TOTAL \$	FWARE UPDATE

QTY.	MATERIALS & SERVICES		UNIT PRICE	AMOUNT
	REFRIGERANT R-	LBS.		
				- REPLACING WATER ENTERING TEMPERATURE SENSOR IN CHILLER BARREL (GRT1). NEW SENSOR GOT "COMM LOST" ON CONTROLLER DISPLAY. CALLED DAN @ 518.453.6005 TRANE PARTS CENTER: HE TOLD ME THAT IN ORDER TO HAVE THE CURRENT NEW SENSOR, THE CHILLER FIRMWARE SHOULD BE UPDATED. THE UPDATE PROCEDURE REQUIRED LAPTOP WITH WIFI ENABLED USB → SERIAL (9 PIN) WIRE CONNECTION.
	FILTERS	X X		
>	FILTERS	X X		
	BELTS			

TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
3.75	ALEX		
TOTAL LABOR			

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.



6/9/21

CUSTOMER SIGNATURE

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		
Per Quote	Continued...	
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: NYANOR Date of Visit: 6/9/21

Contractor Personnel on Site:

1. CESAR A. KINZEL
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. TRIED TO REPLACE DENTAL, BUT FIRMWARE MUST BE UPDATED.
2. GET NEW DISPLAY CONTROLLER
3. GET LAPTOP FOR NEXT VISIT TO PERFORM THE UPDATE

**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. KINZER Date: 6/9/21

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: Morgan Westrop G511 Date: 6/9/21

Signed: W. M. Fley

E-Mail: \_\_\_\_\_

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

429887

BILL TO

NYANGR

NAME		STREET 910 RAZ AVE.		DATE 8/19/21
CITY > NEW WINDSOR, NY - 12553		PROMISED		
PHONE 703-738-5304	CALL BEFORE 30609	A.M. P.M.		
TECHNICIAN ALEX	AUTHORIZED BY 12877			
WORK TO BE PERFORMED INSTALL SENSOL AND DISPLAY P.O. # 32931 - 32768				
QTY.	MATERIALS & SERVICES		UNIT PRICE	AMOUNT
1	REFRIGERANT R-	LBS.		
1	SENSOL UNDER			
1	Po# 32768			
1	SENSOL (FROM TECH)			
1	TRUCK			
1	ADAPTIVE DISPLAY			
1	TRANE TECH			
TOTAL MATERIALS				
HRS.	LABOR	RATE	AMOUNT	
	ALEX			
TOTAL LABOR				

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.

19AUG21

DATE

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.UH0H.UAFN.NITX.1DDN.RA0E.	MODEL	
SERIAL NUMBER N10N.N0EX	SERIAL NUMBER	

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	<p>NEED TO ORDER A COVER METAL DISPLAY <del>SY</del> PH: CBT01878 (IT COVERS THE ENTIRE DISPLAY)</p>
<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 \$

- REPLACED ENTERING WATER TEMPERATURE SENSOL,  
DURING DIAGNOSTIC WITH TRANE LAPTOP WE  
ALSO FOUND LEAVING WATER TEMPERATURE  
SENSOL FAILING, THAT SENSOL GOT REBUILT  
TOO, THIS LAST ONE THE TRANE TECH HAD  
IT OUT FROM HIS TRUCK STOCK.  
WE MAY NEED TO CONTACT THEM FOR A  
PRICE: 518-785-6486.

- CHILLER IN OPERATIONS

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

TOTAL SUMMARY

TOTAL MATERIALS		
TOTAL LABOR		
Per Quote 5354.80		
TAX		
TOTAL		

Thank You

ATTACHMENT J-0200000-05  
FORMS

CERTIFICATION OF WORK

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

css# : 90609  
wo# : 12877

FACID/Building: NYANGA

Date of Visit: 8/19/21

Contractor Personnel on Site:

1. CESAR KINZER
2. DAN JESSIE (TRAN)
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. REPLACED SENSORS AND DISPLAY CONTROLLER
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: CESAL A. KINZEL Date: 8/19/21  
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: Peter Boyle Date: 18 Dec 21  
Signed:   
E-Mail: Peter.J.Boyle@usmc.mil