

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 AIE	DATE 6/9/21
CITY NEW WINDSOR - NY - 12553	PROMISED
PHONE 703-738-5304	CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN AUX	AUTHORIZED BY
WORK TO BE PERFORMED SENSOR REPLACEMENT (W.E.T.S.)	
P.O. #	

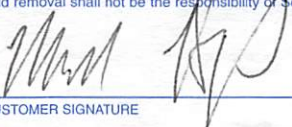
THIS WORK IS TO BE <input type="checkbox"/> C.O.D. <input type="checkbox"/> CHARGE <input type="checkbox"/> NO CHARGE	
MAKE TRANE	MAKE
MODEL ATAC-1554-UROH-VAFN-NITX-1DDN	MODEL
SERIAL NUMBER U08301376	SERIAL NUMBER RAOE-N10N-NOEX-N

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
	FILTERS X X		
>	FILTERS X X		
	BELTS		

TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
3.75	AUX		
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.

CUSTOMER SIGNATURE  DATE 6/9/21

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 \$			
DESCRIPTION OF WORK PERFORMED			
<p>- 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 (9PIN) WIRE CONNECTION.</p> <p>- THE DISPLAY CONTROLLER IS VERY OLD AND ALMOST IMPOSSIBLE TO READ MESSAGES IN DISPLAY, SHOULD BE REPLACE NEXT VISIT.</p> <p>- CHILLER IN OPERATIONS</p>			
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"/> WARRANTY			TOTAL MATERIALS
<input type="checkbox"/> SERVICE CONTRACT			TOTAL LABOR
Thank You			TAX
			TOTAL

Per Quote Continued...

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NYAUGR Date of Visit: 6/9/21

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. TRIED TO REPLACE SENSOR, 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:

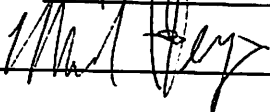
Print Name: CEsar A. KUNZEL Date: 6/9/21

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: Mark Heslop 6511 Date: 6/9/21

Signed: 

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

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-VKOH-VAFN-NITX-1DDN-RADE	MODEL
SERIAL NUMBER	SERIAL NUMBER N10N-NOEX

NAME	
STREET 910 RAZ AVE.	DATE 8/19/21
CITY NEW WINDSOR, NY - 12553	PROMISED
PHONE 702-738-5304	CALL BEFORE 30609
TECHNICIAN ALEX	AUTHORIZED BY 12877
WORK TO BE PERFORMED INSTALL SENSOR AND DISPLAY	
P.O. # 32931 - 32768	

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	
<input type="checkbox"/> RECOVERED			NEED TO ORDER A COVER METAL DISPLAY (JK) PH: CBT01878 (IT COVERS THE ENTIRE DISPLAY)
<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.		
1	SENSOR UNDER PO# 32768		
1	SENSOR (FROM TECH TRUCK)		
1	ADAPTIVE DISPLAY		
1	TRANE TECH		
	FILTERS X X		
>	FILTERS X X		
	BELTS		

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

CHILLER IN OPERATIONS


TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
	ALEX		

TOTAL LABOR			
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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.

CUSTOMER SIGNATURE  15AUG21 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	
<input type="checkbox"/> REGULAR	<input type="checkbox"/> WARRANTY	TOTAL MATERIALS	
<input type="checkbox"/> SERVICE CONTRACT		TOTAL LABOR	
Thank You		TAX	
		TOTAL	Per Quote 5354.80

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

css# : 30609
work# : 12877

FACID/Building: NYANGA Date of Visit: 8/19/21

Contractor Personnel on Site:

- | | |
|------------------------------|----------|
| 1. <u>CESAR KINDER</u> | 4. _____ |
| 2. <u>DAN JESSIE (TRANE)</u> | 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. REPLACED SENSORS AND DISPLAY CONTROLLER
2. _____
3. _____

ATTACHMENT J-0200000-05
FORMS

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

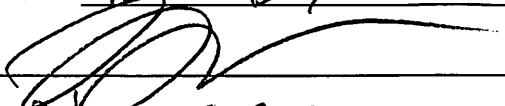
CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CESAR 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 Jul 21
Signed: 
E-Mail: Peter.J.Boyle@usmc.mil