

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

# HVAC SERVICE ORDER INVOICE

428767

BILL TO

CMI

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

NAME	
STREET	DATE
910 RAZ AVE	6/18/21
CITY	PROMISED
> NEW WINDSOR - NY - 12553	
PHONE	CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN	AUTHORIZED BY
ALB - P40L	
WORK TO BE PERFORMED	
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		TOTAL \$	
<input type="checkbox"/> CHANGED OUT/REPLACED			

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

- SERVICE CANCELLED DUE CURRENT HOLIDAY
- SERVICE WAS SCHEDULED FOR TODAY.
- WE HAD NOT INFORMED FOR CANCELLATIONS FROM CMI UNTIL TODAY.

TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
.5	ALX	163 <sup>00</sup>	
.5	PAUL		
	\$ Travel		
TOTAL LABOR			163 <sup>00</sup>

**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		
TOTAL MATERIALS		
TOTAL LABOR	163.	00
TAX		
TOTAL		

## 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 \_\_\_\_\_

Thank You



# 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

429153

BILL TO

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

NAME NY Army National Guard Recruiting CTR	
STREET 910 RAZ Ave	DATE 6/30/21
CITY New Windsor NY	PROMISED
PHONE	CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN Paul	AUTHORIZED BY
WORK TO BE PERFORMED Support pipe	
P.O. #	

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	
<input type="checkbox"/> RECOVERED			Need new pipe insulation + fits (JE)
<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			

QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R- LBS.		
	Grease		
	White Tape		
8'	UNIT INS		
6+6	ALUMINUM + WORKER		
1	UNIT INS STAND		
	FILTERS X X		
>	FILTERS X X		
	BELTS		

DESCRIPTION OF WORK PERFORMED

install new support for cold water pipe in AH #4

check & reseal couplings.  
check for leaks. OK.

insulated pipes with white wrap there

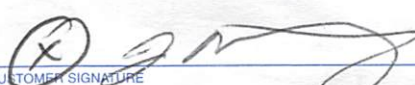
TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
5	Paul		
5	Alex		

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  DATE 6/30/21

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 2,256.00		
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: N.Y. ARMY NATIONAL  
Guard Recruitment Date of Visit: 6/30/21

Contractor Personnel on Site:

- |                |          |
|----------------|----------|
| 1. <u>Alex</u> | 4. _____ |
| 2. <u>Paul</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. disconnect & remove cold water fitting & install
2. pipe support. Reinstall fittings & check for
3. leaks. Insulate pipe.

ATTACHMENT J-0200000-05  
FORMS

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

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: PAUL HAYES Date: 6/30/24  
Signed: [Signature]

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: J HINDLEY Date: \_\_\_\_\_  
Signed: [Signature]  
E-Mail: \_\_\_\_\_