

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

HVAC SERVICE ORDER INVOICE

429128

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 Army Nat. Guard Recruiting		DATE 5-9-21
STREET 910 Roz. AVE		PROMISED
CITY New Windsor, N.Y.		
PHONE	CALL BEFORE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN Dave	AUTHORIZED BY	
WORK TO BE PERFORMED Leak on Att #4		
P.O. #		

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	replace vic gaskets JK incomplete
<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
1	Dave & Travel	(1.25) 163. ⁰⁰	
TOTAL LABOR			203. ⁷⁵

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.

 5-9-21

CUSTOMER SIGNATURE DATE

DESCRIPTION OF WORK PERFORMED			
<p style="font-size: 1.2em;">After inspection found leak from vic fittings. Gaskets need to be replaced</p> <p style="font-size: 1.2em;">HURRY - need Vic. gaskets for 3 = 3" Fittings and 1 for 2 1/2"</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	203.75
		TAX	
Thank You		TOTAL	

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: 910 RAZ AVE Date of Visit: 5-9-21

Contractor Personnel on Site:

- | | |
|------------------|----------|
| 1. <u>DAVE N</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. <u>CSS #30341 / work 12862</u> |
| 2. _____ |
| 3. <u>water leaking from AH #4.</u> |

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Dave Nelson Date: 5-9-21

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: X T. Thomas AFOS Date: _____

Signed: 

E-Mail: _____