

## UNITED A/C, REFRIGERATION PLUMBING & HEATING, INC.

201 ANN ST #1  
NEWBURGH, NY 12550

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

**BILL TO**

CmF

# HVAC SERVICE ORDER INVOICE

css#1623

434522

THIS WORK IS TO BE		
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE	<input type="checkbox"/> NO CHARGE
MAKE <i>Trane</i> MODEL <i>1554-UROH AU FN</i> SERIAL NUMBER <i>U08JQ1376</i>		MAKE  MODEL  SERIAL NUMBER
<b>ENVIRONMENTAL CHECK LIST</b>		
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		<b>TOTAL \$</b>
<b>DESCRIPTION OF WORK PERFORMED</b> <i>Replaced condenser fan motors + Blades on circuits B+E on Trane Chiller. Start + tested <del>unit</del> unit</i>		
<b>LIMITED WARRANTY:</b> 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.		
<b>TOTAL SUMMARY</b>		
TOTAL MATERIALS TOTAL LABOR		
<i>Per Quote 6,780.00</i>		
<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY		
<input type="checkbox"/> SERVICE CONTRACT		TAX
		<b>TOTAL</b>
<i>Thank You</i>		

**CERTIFICATION OF WORK**  
(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: 910 Raz Ave Date of Visit: 8/1/22

**Contractor Personnel on Site:**

1. Jay Palmeri
2. Steve Messina
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. CSS# 1623 Replace 2 condenser fan
2. Motors and fan blades on Chiller
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: Jay Rainieri Date: 3/1/22  
Signed: Jay Rainieri

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: James Tammy Ross Date: 8/1/99

E-Mail: janes.m.johnson/11458.TR@FEDM4.MIL