

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

HVAC SERVICE ORDER INVOICE

CSS # 32350
WO # 14849

429683

BILL TO

condenser

evap

| | |
|------------------------------------|---------------------------------|
| THIS WORK IS TO BE | |
| <input type="checkbox"/> C.O.D. | <input type="checkbox"/> CHARGE |
| <input type="checkbox"/> NO CHARGE | |
| MAKE Mitsubishi | MAKE Mitsubishi |
| MODEL Pajero A18NKA7 | MODEL PKA-A13H47 |
| SERIAL NUMBER | SERIAL NUMBER 39A11007D |

| | | | |
|---|-------------|--|--|
| NAME US Army Reserve | | DATE 8/30/21 | |
| STREET 123 Rt 303 | | PROMISED | |
| CITY Orangeburgh NY | | | |
| PHONE | CALL BEFORE | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| TECHNICIAN JG | | AUTHORIZED BY | |
| WORK TO BE PERFORMED Ductless in server Room | | | |
| P.O. # | | | |

| ENVIRONMENTAL CHECK LIST | | | RECOMMENDATIONS |
|--|------|------------------|--|
| WORK PERFORMED | QTY. | TYPE/DISPOSITION | Replace wireless control & Remote Testet |
| <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 | | |

DESCRIPTION OF WORK PERFORMED

Issue of condensate pump /
Water leak was resolved
upon arrival.

Other issue with system is
wireless controller and Remote
controller are not communicating.
Need to replace Both.

Issue possible from storm (Power surge)

Part #'s

Wireless Receiver - M1FH1
Remote controller / Tstat - MRCH1

| | | TOTAL MATERIALS | | |
|------|--------|-----------------|--------|--|
| HRS. | LABOR | RATE | AMOUNT | |
| 2 | 54 | | | |
| 1.5 | travel | | | |
| | | TOTAL LABOR | | |

| | | | |
|--|----------------------------|--|--|
| 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 | | |
| | <i>Per Quote Continued</i> | | |
| | | | |
| | TAX | | |
| <input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY <input type="checkbox"/> SERVICE CONTRACT | | | |
| <i>Thank You</i> | TOTAL | | |

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

#INUCS 429683

CERTIFICATION OF WORK

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

FACID/Building: Garage / ~~Back~~ Server Room Date of Visit: 8/30/21

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>Jay Rainieri</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 #32350 - WO#14849 - Ductless unit is Running</u> |
| 2. <u>But no display on Tstat control or communication</u> |
| 3. <u>to Receiver</u> |

Invs 429683

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

Trouble shoot controller and
receiver - need to Replace

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Jay Rainer Date: 8/31/20

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: Elvis Castillo SSG Date: 30/08/21

Signed: 

E-Mail: elvis.f.castillo.mil@mail.mil

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

HVAC SERVICE ORDER INVOICE

430623

BILL TO

CMI MANAGEMENT, INC

| THIS WORK IS TO BE | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> C.O.D. | <input type="checkbox"/> CHARGE |
| MAKE | MAKE |
| MODEL | MODEL |
| SERIAL NUMBER | SERIAL NUMBER |

| | | | |
|---------------------------------|--|--|--|
| NAME USARC | | DATE 10/15/21 | |
| STREET 123 RT 303 | | PROMISED | |
| CITY > ORANGEBURGH, NY-10692 | | CALL BEFORE WORK # | |
| PHONE 518-421-2252 | | 14854 <input type="checkbox"/> A.M. 14854 <input type="checkbox"/> P.M. | |
| TECHNICIAN ALEX | | AUTHORIZED BY C35# 32350 | |
| WORK TO BE PERFORMED INSTALL | | | |
| 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 <input type="checkbox"/> CHANGED OUT/REPLACED | | TOTAL \$ | |

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

DESCRIPTION OF WORK PERFORMED

WIRELESS RECEIVER AND REMOTE
INSTALLATION CANCELLED DUE NO ACCESS
TO SERVICE ROOM (SERVICE).
PERSON WITH THE KEY WILL BE ON
MONDAY.
PLEASE ARRANGE WITH CUSTOMER
NEXT VISIT AGAIN.

| | | TOTAL MATERIALS | |
|------|-------|-----------------|--------|
| HRS. | LABOR | RATE | AMOUNT |
| | ALCO | | |
| | | | |
| | | | |

| | | | | |
|---|--|-------------|--|--|
| | | TOTAL LABOR | | |
| TERMS | | | | |
| <p>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.</p> <p>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.</p> <p> 20211015</p> <p>CUSTOMER SIGNATURE DATE</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 | | |
| | TOTAL MATERIALS | | |
| | TOTAL LABOR | | |
| | <i>Per Quote Continued</i> | | |
| | | | |
| <input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY | | | |
| <input type="checkbox"/> SERVICE CONTRACT | | | |
| | TAX | | |
| <i>Thank You</i> | TOTAL | | |

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: USARC Date of Visit: 10/15/21

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>CESAR 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. 32350 wo # 14854
2. _____
3. _____

ATTACHMENT J-0200000-05
FORMS

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

CANCELLED DUE NO ACCESS TO SERVICE
SERIAL ROOM.

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: CESAR A KINZEL Date: 10/15/21

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: Mr. Patrick Sawyer GS-09 Date: 20211015

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

430454

BILL TO

CMT

| | | |
|-----------------------------------|---------------------------------|------------------------------------|
| THIS WORK IS TO BE | | |
| <input type="checkbox"/> C.O.D. | <input type="checkbox"/> CHARGE | <input type="checkbox"/> NO CHARGE |
| MAKE <i>MITSUBISHI</i> | MAKE | |
| MODEL <i>PKA-A18HA7</i> | MODEL | |
| SERIAL NUMBER <i>89A11007D</i> | SERIAL NUMBER | |

CSS # 32350 NO # 14849

| | |
|--|---|
| NAME <i>US Army Reserve Center</i> | |
| STREET <i>123 Rt. 303</i> | DATE <i>10-22-21</i> |
| CITY <i>Orangeburgh, N.Y.</i> | PROMISED |
| PHONE | CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. |
| TECHNICIAN <i>Dore</i> | AUTHORIZED BY |
| WORK TO BE PERFORMED <i>Replace wireless controller + remot server room</i> | |
| P.O. # | |

| QTY. | MATERIALS & SERVICES | UNIT PRICE | AMOUNT | DESCRIPTION OF WORK PERFORMED | | | | | | | | | | |
|---|---------------------------|------------|--------|--|-----------------|--|-------------|--|-------|---------------------------|-----|--|-------|--|
| | REFRIGERANT R- LBS. | | | | | | | | | | | | | |
| 1 | wireless control | | | <i>Replaced wireless control and installed remote t-start in server room ductless unit. Setup + tested the unit currently operational</i> | | | | | | | | | | |
| 1 | Remote t-start | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | FILTERS X X | | | | | | | | | | | | | |
| | FILTERS X X | | | | | | | | | | | | | |
| | BELTS | | | | | | | | | | | | | |
| TOTAL MATERIALS | | | | | | | | | | | | | | |
| HRS. | LABOR | RATE | AMOUNT | | | | | | | | | | | |
| <i>1 1/2</i> | <i>Dore</i> | | | | | | | | | | | | | |
| TOTAL LABOR | | | | | | | | | | | | | | |
| TERMS | | | | 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. | | | | | | | | | | |
| <p>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.</p> | | | | | | | | | | | | | | |
| <p>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.</p> | | | | | | | | | | | | | | |
| <p><i>[Signature]</i> 10-22-21</p> | | | | | | | | | | | | | | |
| <p>CUSTOMER SIGNATURE DATE</p> | | | | <p>TOTAL SUMMARY</p> <table border="1"> <tr> <td>TOTAL MATERIALS</td> <td></td> </tr> <tr> <td>TOTAL LABOR</td> <td></td> </tr> <tr> <td>TOTAL</td> <td><i>Per Quote 1,422.50</i></td> </tr> <tr> <td>TAX</td> <td></td> </tr> <tr> <td>TOTAL</td> <td></td> </tr> </table> | TOTAL MATERIALS | | TOTAL LABOR | | TOTAL | <i>Per Quote 1,422.50</i> | TAX | | TOTAL | |
| TOTAL MATERIALS | | | | | | | | | | | | | | |
| TOTAL LABOR | | | | | | | | | | | | | | |
| TOTAL | <i>Per Quote 1,422.50</i> | | | | | | | | | | | | | |
| TAX | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | |
| <p><input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY</p> <p><input type="checkbox"/> SERVICE CONTRACT</p> <p style="text-align: center;"><i>Thank You</i></p> | | | | | | | | | | | | | | |

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

FACID/Building: Orangeburg Date of Visit: 10-22-21

Contractor Personnel on Site:

- | | |
|-----------------------|----------|
| 1. <u>Dave Nelson</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. CSS#32350 / no#14849
2. Return to replace wireless control + remote + start
3. work is completed

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: 10-22-21
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: X RICKS JOHNSON AF2S Date: 10-22-21
Signed: X [Signature]
E-Mail: [Signature]