

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

HVAC SERVICE ORDER INVOICE

426975

BILL TO

THIS WORK IS TO BE	
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE
<input type="checkbox"/> NO CHARGE	
MAKE TIGER FLOW	MAKE
MODEL SERIES VMS-4000	MODEL
SERIAL NUMBER PHONE# 336574	SERIAL NUMBER

NAME ARMY RES. SSG FRED		DATE 12/29/00
STREET 2500 RT 17K		
CITY BOCCACCIO, N.Y.	PROMISED	
PHONE	CALL BEFORE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
TECHNICIAN D. Pao	AUTHORIZED BY	
WORK TO BE PERFORMED POTENTIAL WATER PUMPING WORK.		
P.O. # C55#08256 / work # 11472		

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	<p><i>Incognito</i></p> <p><i>PARTS REQ</i></p> <p><i>SEE ATT</i></p>
<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 \$		

[illegible]

CHECKED UNIT FOUND
STG #1 & 2 PUMPS CHECK VALVES
SHOT CAUSING PUMPS TO
SHORT CYCLE #1 EXTREMELY
BAD
ISOLATED pump #1 & SHUT OFF
LEFT #2 RUNNING.
ALSO ISOLATED SYSTEM FROM
PUMP SKID & FOUND NO
LEAKS OR PRESS. DROP.

TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
1.75	DEMO TRAVEL		
TOTAL LABOR			

Also Found Bypass REGULATOR
SHOT + ALSO SHOULD BE Replaced

Inventory

LIMITED WARRANTY: All materials, parts and equipment warranted by the manufacturer.	TOTAL SUMMARY
--	----------------------

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

<p>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> <p><input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY</p> <p><input type="checkbox"/> SERVICE CONTRACT</p> <p><i>Thank You</i></p>	TOTAL SUMMARY		
	TOTAL MATERIALS		
	TOTAL LABOR		
	<i>Per Quote</i>	<i>Continued</i>	
	TAX		
	TOTAL		

(845) 561-5030
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HVAC SERVICE ORDER INVOICE

426768

BILL TO

CMI Management, Inc.
5285 Shawnee Road Suite 510
Alexandria, VA 22312

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 SSG Frederick S. LL Arc		DATE 1-26-21	
STREET 2500 Rt 17k		PROMISED	
CITY > Bullville NY 10915			
PHONE		CALL BEFORE <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
TECHNICIAN Adam		AUTHORIZED BY	
WORK TO BE PERFORMED check + Prv			
PO. # Dolphin supply 31342			

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.		
2	Silent check valve		
1	Pressure Reducing valve		
4	3" gasket		
	FILTERS X X		
>	FILTERS X X		
	BELTS		

DESCRIPTION OF WORK PERFORMED

Upon Arrival Removed and Replaced silent check valves with new 3" silent checks and removed and replaced Bypass Prv, Restored power to both pumps and opened water feed valves. left in full working order

		TOTAL MATERIALS	
HRS.	LABOR	RATE	AMOUNT
5	Adam, Steve m		

		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>				
CUSTOMER SIGNATURE		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		
	TOTAL MATERIALS		
	TOTAL LABOR		
	Per Quote	4,440.	50
	TAX		
<input type="checkbox"/> REGULAR <input type="checkbox"/> WARRANTY <input type="checkbox"/> SERVICE CONTRACT			
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: Pump House Date of Visit: 12/29/20

Contractor Personnel on Site:

- | | |
|------------------------|----------|
| 1. <u>DEMO LAPERRA</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#28256 WO#11472 (Pump IMPERATIVE)</u> |
| 2. <u>POTABLE WATER.</u> |
| 3. _____ |

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: DEMO LABIANNA Date: 12/29/20
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: SEAN FERLUSON Date: 12/29/2020
Signed: [Signature]
E-Mail: SEAN.FERLUSON@BENDARAINC.COM