

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

426975

BILL TO

NAME R. K. KUNZLES. SSG FRED		DATE 12/29/10	
STREET 2500 RT 17K		PROMISED	
CITY > NEWBURGH, N.Y.			
PHONE	CALL BEFORE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
TECHNICIAN D. P. B.	AUTHORIZED BY		
WORK TO BE PERFORMED PORTABLE WATER PUMPS INST.			
P.O. # CSS#08d56 / w/ # 11472			
QTY.	MATERIALS & SERVICES	UNIT PRICE	AMOUNT
	REFRIGERANT R-	LBS.	
	FILTERS	X X	
>	FILTERS	X X	
	BELTS		
TOTAL MATERIALS			
HRS.	LABOR	RATE	AMOUNT
1.75	D. P. B.		
TOTAL LABOR			

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

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 P/N# 336514	SERIAL NUMBER	

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	
<input type="checkbox"/> RECOVERED			Two cycles
<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 \$

CHECKED UNIT FOUND
STG#1 & 2 PUMPS CHECK VALVES
SHUT OFF PUMPS TO
SHUT CYCLE #1 EXTREMELY
BAD
ISOLATED PUMP #1 & SHUT OFF
LEFT #2 RUNNING.
ALSO ISOLATED SYSTEM FROM
PUMP SHUT DOWN NO
LIGHTS OR PRESS. DROP.
ALSO FOUND BYPASS REGULATION
SHUT + ALSO SHOULD BE REPAIRED
Terry

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

TOTAL SUMMARY

TOTAL MATERIALS	
TOTAL LABOR	
Per Quote	Continued...
TAX	
TOTAL	

Thank You

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

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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	

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 \$	

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		

第二部分

ERMS
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.

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CUSTOMER SIGNATURE

DATE

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REGULAR WARRANTY

SERVICE CONTRACT

TOTAL SUMMARY

TOTAL MATERIALS		
TOTAL LABOR		
Per Quote	4440.	<u>50</u>
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: Pump House Date of Visit: 12/29/20

Contractor Personnel on Site:

1. DKO LARSEN
2. _____
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#28256 WO#11472 (PUMP INSPECTION)
2. DEPTH SICK WATER.
3. _____

**ATTACHMENT J-0200000-05
FORMS**

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

CERTIFICATION OF WORK

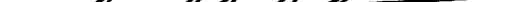
To be signed by the Contractor:

Print Name: DINO LAPRANK Date: 12/29/20
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: SP18 FEGUSON Date: 12/29/2020

Signed: 

E-Mail: GERLUSON@BENAKA.US.COM