

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

428181

BILL TO

NY 101 ARMY RESERVE CENTER
SSG FREDERICK J. ILL ARC

STREET	2500 RT 17K	DATE	5/11/21
CITY	> BULLVILLE, N.Y.		
PHONE	CALL BEFORE	A.M.	<input type="checkbox"/>
TECHNICIAN	JFNO		
WORK TO BE PERFORMED	START UP A/C CHILLER + COOL T.		
P.O. #			

QTY.	MATERIALS & SERVICES		UNIT PRICE	AMOUNT
	REFRIGERANT R-	LBS.		
	FILTERS	X X		
>	FILTERS	X X		
TOTAL MATERIALS				
TOTAL LABOR				

HRS.	LABOR	RATE	AMOUNT
2.5	DIMO TRAVEL	③ 163.00	

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.


5/11/21
DATE

CUSTOMER SIGNATURE

THIS WORK IS TO BE	
<input type="checkbox"/> C.O.D.	<input type="checkbox"/> CHARGE
<input type="checkbox"/> NO CHARGE	
MAKE	MAKE
CARRIER	
MODEL	MODEL
38APD0255A18020	38AUZBASTAO1570
SERIAL NUMBER	SERIAL NUMBER
2210062433	1918P34415-A0A0

ENVIRONMENTAL CHECK LIST			RECOMMENDATIONS
WORK PERFORMED	QTY.	TYPE/DISPOSITION	In-charge SEE REC. BIECON
<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 \$	

DESCRIPTION OF WORK PERFORMED
CHECKED UNIT'S ELECTRICAL
WORKING REFRIGERATION LINES
FILTERS & BELTS
FILTERS SHOULD BE REPLACED
UNABLE TO RUN UNIT
W/O ACCESS TO CONTROLS

In-charge Recommendation:
RUN BOTH COND'S SET H.W.
ACTIVATION VALVES TO PROPER
LOCATION, CHECK CONTROLS &
SETTINGS w/ COMPUTER.
UNIT CARRIER M# 39MN08025-BW7-
12XGE S# 2218U35688 5# 2218U35-701
DO UNIT CARRIER M# 39MN08025-
BW8XGE 3# 2218U36178 5# 2218U35697

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

Thank You

TOTAL SUMMARY		
TOTAL MATERIALS		
TOTAL LABOR		
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: NY011

Date of Visit: 5/11/21

Contractor Personnel on Site:

1. DINO LA-PERRA
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. CHECKED AIR HANDERS & CONDENSING UNITS
2. NO CHILLER ON COOLING POWER.
3. UNBLOCK TO ACCESS CONDENSERS
4. _____

Inspection, Testing, and Certification

1. _____
2. _____
3. _____
4. _____

Other Recurring Services

1. _____
2. _____
3. _____
4. _____

Service Calls – Service Call Number and Description

1. _____
2. _____
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 LAGPINTA Date: 5/11/21
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: Jones Johnson AFOS Date: 5-11-21
Signed: 
E-Mail:

ATTACHMENT J-0200000-05
FORMS

CERTIFICATION OF WORK

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

FACID/Building: NY011

Date of Visit: 6/31/21

Contractor Personnel on Site:

1. Demo Lafferty
2. _____
3. _____
4. _____
5. _____
6. _____

Work Performed:

Preventive Maintenance - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. Conducted START UP OF HVAC Eq.
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. _____
2. _____
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 LABISWA Date: 6/21/21
Signed: Dino Labinwa

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 J. Foy Date: 6-21-21
Signed: James J. Foy
E-Mail: