

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

# HVAC SERVICE ORDER INVOICE

428181

BILL TO

Accu2T

ACCOUNT

THIS WORK IS TO BE

☐ C.O.D.☐ CHARGE☐ NO CHARGE

MAKE

CARRIER

MODE

38A P D O 255A-1802

MOD

38A0ZB25A0A5A0

SERIAL NUMBER  
A214

SERIAL NUMBER  
2218062433

SERIAL NUMBER  
10184

SERIAL NUMBER  
1918134415-A0A0

NAME SSG FREDRICK J. ILL ARMC		DATE 5/11/21	
STREET 2500 RT 17K		PROMISE	
CITY BULLVILLE, N.Y.			
PHONE	CALL BEFORE	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
TECHNICIAN DJNO	AUTHORIZED BY		
WORK TO BE PERFORMED START UP A/C CHILLER + CLGT.			
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		<b>TOTAL \$</b>

Through  
SEE REC.  
BICOR

[illegible]

TOTAL MATERIALS

HRS.	LABOR	RATE	AMOUNT
2.5	DIW TRAVEL	163. <sup>00</sup>	

TOTAL LABOR

489%

## 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 \_\_\_\_\_

## DESCRIPTION OF WORK PERFORMED

CHECKED UNIT'S ELECTRICAL  
WORKING REFRIGERATION LINES  
FILTERS + BLENDS  
FILTERS SHOULD BE REPLACED  
UNABLE TO RUN UNITS  
W/O ACCESS TO CONTROLS

INCOMPLETE RECOMMEND:  
 RUN BOTH COND'S SET H.W.  
 ACTIVATION VALUES TO PROPER  
 LOCATION, CHECK CONDOCS &  
 SETTINGS w/ COMPUTER.  
 A/DUIT CARTRIDGE M# 39MN0825BW7-  
 12XGE S# 2218035688 S# 2218035701  
 DOAUIT CARTRIDGE M# 39MN08W025-  
 BW8UXGE S# 2518036178 S# 2218035697

**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

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: NY 011

Date of Visit: 5/11/21

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>DINO LABRANA</u> | 4. _____ |
| 2. _____               | 5. _____ |
| 3. _____               | 6. _____ |

Work Performed:

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

- |                                                  |
|--------------------------------------------------|
| 1. <u>CHECKED AIR HANDERS + CONDENSING UNITS</u> |
| 2. <u>NO CHECKER ON COOLING TOWER.</u>           |
| 3. <u>UNABLE TO ACCESS CONDENS</u>               |
| 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. _____ |

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

---

---

---

---

---


---

---

---

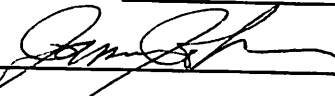
**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: DINO LABRANA 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: JAMES 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: NY 011 Date of Visit: 6/21/21

Contractor Personnel on Site:

- |                        |          |
|------------------------|----------|
| 1. <u>DEMO LAPFUNK</u> | 4. _____ |
| 2. _____               | 5. _____ |
| 3. _____               | 6. _____ |

**Work Performed:**

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

- |                                          |
|------------------------------------------|
| 1. <u>Completed START UP OF HVAC EQ.</u> |
| 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 LABIANNA

Date: 6/21/21

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: TOMAS FENSON AROS Date: 6-21-21

Signed: 

E-Mail: \_\_\_\_\_