



invoice

INVOICE DATE	INVOICE NO.	PAGE
5/08/25	55379	1

ROOFING & SHEET METAL COMPANY

P.O. BOX 1231, CHARLESTON, WV 25324 • TELEPHONE (304) 755-8135 • FAX (304) 755-5275 • WV CONTRACTORS LICENSE NO. WV000104

E-MAIL: charleston@tri-stateservice.com • WEBSITE ADDRESS: www.tri-stateservicegroup.com

SOLD TO: CMI MANAGEMENT
ATTN: AP
5385 SHAWNEE RD, STE 510

SHIP TO: US ARMY RESERVE
101 LAKEVIEW DR

ALEXANDRIA, VA 22312

CROSS LANES, WV

	PURCHASE ORDER NO.	SHIP VIA	SHIP DATE	TERMS
	18517			NET 30 DAYS

Job # 816986 US ARMY RES CROSS LANES

PERFORM ROOF REPAIRS PER ATTACHED WORK ORDER.

This billing includes all costs and markups to perform the work as described including labor, material, taxes, supervision, insurance, tools and equipment, shop and warehouse expenses, vehicular cost, record keeping, dump charges and environmental compliance.

A 4.5% CREDIT CARD FEE WILL BE CHARGED FOR ALL CREDIT CARD PAYMENTS.

WE APPRECIATE YOUR BUSINESS!

SALE AMOUNT	280.56
MISC. CHARGES	
SALES TAX	16.83
FREIGHT	
TOTAL	297.39

TRI-STATE ROOFING & SHEET METAL COMPANY

P.O. Box 1231 Charleston, WV 25324 | (304) 755-8135, FAX (304) 755-5275 | Contractor Lic. # WV000104 | Website: www.tri-stateservicegroup.com

DATE 4-24-25

ROOFING WORK ORDER

JOB # 816986



By CMI Management
 CUSTOMER FEMS# 3113937
 MFG JOB # 18517
 PO # 18517
 ADDRESS _____
 CITY / STATE _____
 PHONE 703-738-5302
 CONTACT Reginald Code
 CALL FOR APPT: ☐ No ☐ Yes

BLDG NAME US Army Reserve
 W ROOF AREA(S) Marines Storage
 O ADDRESS 101 Lakenview Dr
 R CITY/STATE Cross Lanes WV
 K CONTACT _____
 A PHONE # (SITE) _____
 T PHONE # (CELL) _____
 Emergency Response? _____

ROOF TYPE	<input type="checkbox"/> EPDM	<input type="checkbox"/> PVC	<input type="checkbox"/> TPO:	<input type="checkbox"/> Adhered	<input type="checkbox"/> Ballast	<input type="checkbox"/> M.A.S.	<input type="checkbox"/> METAL:	<input type="checkbox"/> S.S.	<input type="checkbox"/> Lap
	<input type="checkbox"/> BUR	<input type="checkbox"/> MOD-BIT:	<input type="checkbox"/> Gravel	<input type="checkbox"/> Smooth	<input type="checkbox"/> Granulated	<input type="checkbox"/> SHINGLE	<input type="checkbox"/> SLATE	<input type="checkbox"/> TILE	

Customer Description of Problem: Roof Leaking in Marines storage area in 2 different areas

Roof Service	ROOF DRAWING	DESCRIPTION OF REPAIRS/WORK PERFORMED
<input type="checkbox"/> Drains <input type="checkbox"/> Inspected <input type="checkbox"/> Cleaned <input type="checkbox"/> Gutter <input type="checkbox"/> Inspected <input type="checkbox"/> Cleaned <input type="checkbox"/> Downspout <input type="checkbox"/> Inspected <input type="checkbox"/> Cleaned <input type="checkbox"/> Field <input type="checkbox"/> Perimeter <input type="checkbox"/> Edge metal <input type="checkbox"/> Coping <input type="checkbox"/> Flashing <input type="checkbox"/> Wall <input type="checkbox"/> Curb <input type="checkbox"/> Cntr Flash <input type="checkbox"/> Wall <input type="checkbox"/> Curb <input type="checkbox"/> Ceiling Tile		<u>-2 leaks in Storage area, one by lockers.</u> <u>-Stepped off leaks on roof.</u> <u>-Found leaks at 2 pipe portals. Sealed with Geocel 4500</u>

QTY	MATERIAL DESCRIPTION	QTY	MATERIAL DESCRIPTION	QTY	MATERIAL DESCRIPTION
1	1016 ✓				
min	4928 ✓				

SERVICE TECHNICIAN <u>M. Mullins</u>	WEATHER <u>2/0</u>	TEMP <u>68°</u>	START DATE <u>4-25-25</u>	FINISH DATE <u>4-25-25</u>
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WEATHER CODE: Sunny (S) Rain (R) Snow (SN) WINDY (W) OVERCAST (O) DRIZZLE (D) ICE (I)

TECH RECOMMENDATIONS: _____

- ☐ Billable T & M
☐ Manufacturer's Wty.
☐ Tri-State Wty.
☐ Work in Progress
☒ Complete

[Handwritten Signature]

Customer Signature

Tri-State Roofing & Sheet Metal will make repairs to localized areas that appear to be the source of leaks and will make a good faith effort to locate and try to stop leaks. Tri-State Roofing & Sheet Metal does not warrant that further leaks will not occur. Depending upon the condition, age and type of roof, future leaks may well be expected. Tri-State Roofing & Sheet Metal is not responsible for indoor air quality, interior or consequential damages, including mold, mildew, loss of use, damage to personal property, personal injury or claims from building occupants.

CERTIFICATION OF WORK

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

FACID/Building: _____ Date of Visit: 4-25-25

Contractor Personnel on Site:

1. Mark Mullins 2. _____

Work Performed:

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

1. _____

Service Calls – Service Call Number and Description

1. CSS# / WO# 3113937 / 18517 Roof leak in Marines
2. CSS# Storage area
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Mark Mullins Date: 4-25-25

Signed: [Signature]

To be signed by Facility Manager:

By signing the Certification of Work, 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.

This is **NOT** a Certification that the Work was performed correctly – The COW simply verifies that that someone representing the Contractor was onsite and accomplished something

Print Name/Rank: SGT MASSEY Date: 2025 04 25

Signed: [Signature]

E-Mail: HUNTER.D.MASSEY@USMC.mil