



Picture

 6318 Reisterstown Rd, Baltimore MD 21215
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 ampmlocksmith@yahoo.com | ampmlock@yahoo.com

MD 410.764.2001 | DC 202.595.9329 | VA 703-229-0099 CALL FOR 24-HR SERVICE AMPMLOCK.COM

Bill To:

304055

Attn:

Phone:

Billing Email:

Name: CM1 MD021 (mck)

Job Location: 1850 Baltimore Rd
 20851

Ordered By:

Work Location (Suite/Door)

Phone:

SERVICES PROVIDED

	WORK	ESTIMATE
Access Control	Card Reader Biometric Reader Access Software Digital Keypad Access Card Access Key Fob Intercom Electronic Lock Magnetic Lock	
Burglar Alarm	Alarm System Motion Detector Door Contact Glass Break Detector Smoke- Heat Detector Cellular Back-up	
CCTV	Camera Color Camera B/W DVD-VCR Recorder Multiplexers Flat Panel Monitor	
Locks	Knob Lock Lever Lock Mortise Lock Duplicate Key Padlock Deadbolt Lock Sliding Door Lock Exit Device	
High Security	ASSA Medeco Mul-T-Lock Schlage Primus Schlage Everest Kaba Peaks	
Safes	Safe Sales New-Used Combination Change Safe Service Safe Opening Safe Delivery Safe Moving	
Doors	Door & Frame Metal Wood Aluminum Pivot & Hinge Door Closer	
Cars	Car Alarms Car Remotes Trunk Opening Create Car Key Key Duplication Transponder Key Car Door Lock Repair Ignition Switch Repair Ignition Switch Replacement	

PO NUMBER	TECHNICIAN	SERVICE CALL	COD	NET 10	NET 30	DATE
	DAVID					2/29/20

QTY.	DESCRIPTION OF WORK	PARTS	LABOR
1	1) Set up 1) PM alarm (motion/labor) Sealer handed up		75
1	1) Set up code to safe		120
1	1) PM safe	5	120
	they y new new handed up Bottom they y done have (any)		

I certify that I have the authority as owner or agent for the owner of the property to order the lock, key or security work designated above and to bind the owner under this contract. By signing below, I certify that the owner hereby does absolve, indemnify and hold the locksmith who bears this authorization harmless from any and all claims arising from the performance of such work. The owner is the party responsible for payment in full, and is subject to the terms and conditions printed on the reverse side. If the owner does not make timely payment, the agent shall make payment in full.

Signature:

Printed Name: Baricuosa, Maria

TAG# _____ VIN# _____

CASH CREDIT BILL CHECK#

Credit Card # _____

Type _____ Exp. Date _____ / _____ / _____ I.D. _____

Subtotal

Parts & Labor

Tax

Total

500531

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

FACID/Building: Rockville 140221 Date of Visit: 2/25/20

Contractor Personnel on Site:
1. Patrick Duran
2. David Ghelian

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

WO# 11949 Service Calls - Service Call Number and Description

1. CSIS 24130
2. CSIS On Sale and chee book
3. CSIS On glam (on main door sensor (motion S8582))
Chris Baffy
(Now near hold up Baffy)

CERTIFICATION OF WORK
(To be signed by the Contractor)

Print Name: David Ghelian Date: 2/25/20
Signed: ✓

To be signed by Facility Manager:
By signing the Certification of Work, the said government representative/signer does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeframe.

Print Name/Rank: David Ghelian Date: 2/25/20
Signed: ✓