



95 Hudson River Rd  
Waterford, NY 12188  
518 326 8450

Bill To

CMI Management, LLC  
5285 Shawnee Rd, Suite 510  
Alexandria, VA 22312 US

**Invoice 103499**

Jul 25, 2023

Job Number 102128  
PO Number CSS#-93687-NY128  
Payment Terms Net30

**Total Due**

**\$1,283.00**

**Due Date**

**Aug 24, 2023**

CUSTOMER NAME

CMI Management, LLC

PROPERTY NAME

Saugerties Army (NY128)

PROPERTY ADDRESS

1001 Kings Hwy  
Saugerties, NY 12477

AUTHORIZED BY

CUSTOMER WO

NTE

**Invoice Summary**

Received call for chiller repair, unit is not running. Found fuse is blown for interface module. Nobody in the Saugerties/Catskill/Kingston area had fuses. Fuses were given to Chris @ Saugerties Army.

Item Name	Description	Quantity	Unit Price	Price Subtotal
Labor	Mike Duvall - May 25, 2023 - Labor	8	\$120.00	\$960.00
Trip Charge	Trip Charge	1	\$50.00	\$50.00
Misc. Consumables	Fuse	12	\$22.75	\$273.00
		21		<b>\$1,283.00</b>

Subtotal	<b>\$1,283.00</b>
Taxable Subtotal	<b>\$0.00</b>
Sales Tax Rate	<b>0%</b>
Tax Amount	<b>\$0.00</b>
<b>Total</b>	<b>\$1,283.00</b>

**Terms of Service**

TERMS AND CONDITIONS: This invoice will be considered correct unless notification is received within 5 days from date. Invoices not paid within 30 days will be considered past due. A FINANCE CHARGE of one and one half percent (1.5%) per month thereafter will be charged on the unpaid balance for an annual percentage rate of eighteen percent. (18%) In case of non-payment, cost of collection on including reasonable attorney's fee will be charged. All payments made by credit card will be issued a 3.5% processing fee.

CERTIFICATION OF WORK

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

FACID/Building: NY128 Sawerties Date of Visit: 5-25-23

Contractor Personnel on Site:

- |                  |          |
|------------------|----------|
| 1. <u>Mike D</u> | 4. _____ |
| 2. _____         | 5. _____ |
| 3. _____         | 6. _____ |

Work Performed:

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

- |               |       |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____      | _____ |
| 3. _____      | _____ |
| 4. _____      | _____ |

Inspection, Testing, and Certification

- |               |       |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____      | _____ |
| 3. _____      | _____ |
| 4. _____      | _____ |

Other Recurring Services

- |               |       |
|---------------|-------|
| 1. <u>N-A</u> | _____ |
| 2. _____      | _____ |
| 3. _____      | _____ |
| 4. _____      | _____ |

Service Calls - Service Call Number and Description

- |  |                   |
|--|-------------------|
| 1. <u>CSS# 93687</u>                                     | <u>BPI 102128</u> |
| 2. <u>LOCATED BAD fuses (F3) @ CHiller CONTROL PANEL</u> |                   |
| 3. <u>ABLE TO get fuses. Replaced. ops Normal</u>        |                   |

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

CSS# 93687 BPI 102128  
NO DISPLAY @ INTERFACE MODULE @ CHILLER, FOUND BAD  
FUSES - WAS UNABLE TO GET REPLACEMENT FUSES AROUND  
AREA, HAD TO GO TO ALBANY TO GET FUSES. REPLACED  
QPS XLRUM

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name:

Mike Dugall

Date:

5-25-23

Signed:

[Signature]

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:

Chris Pothier

AFOS

Date:

5-25-23

Signed:

[Signature]

E-Mail: