

PA051-22701 AVIATION Drive

CERTIFICATION OF WORK

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

FACID/Building PA 227-01 Date of Visit: 2/26/18

Contractor Personnel on Site:

1. JIM McELhinny 2. _____

Work Performed:

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

1. WO# 2597 ASSIT 7001

Service Calls - Service Call Number and Description M - 975 XL
S - 882999

1. CSS# 3/4 WALKERS RP FAIL checks #1 & #2 LEAK
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: JIM McELhinny Date: 2/26/18

Signed: Jim McElhinny

To be signed by Facility Manager:

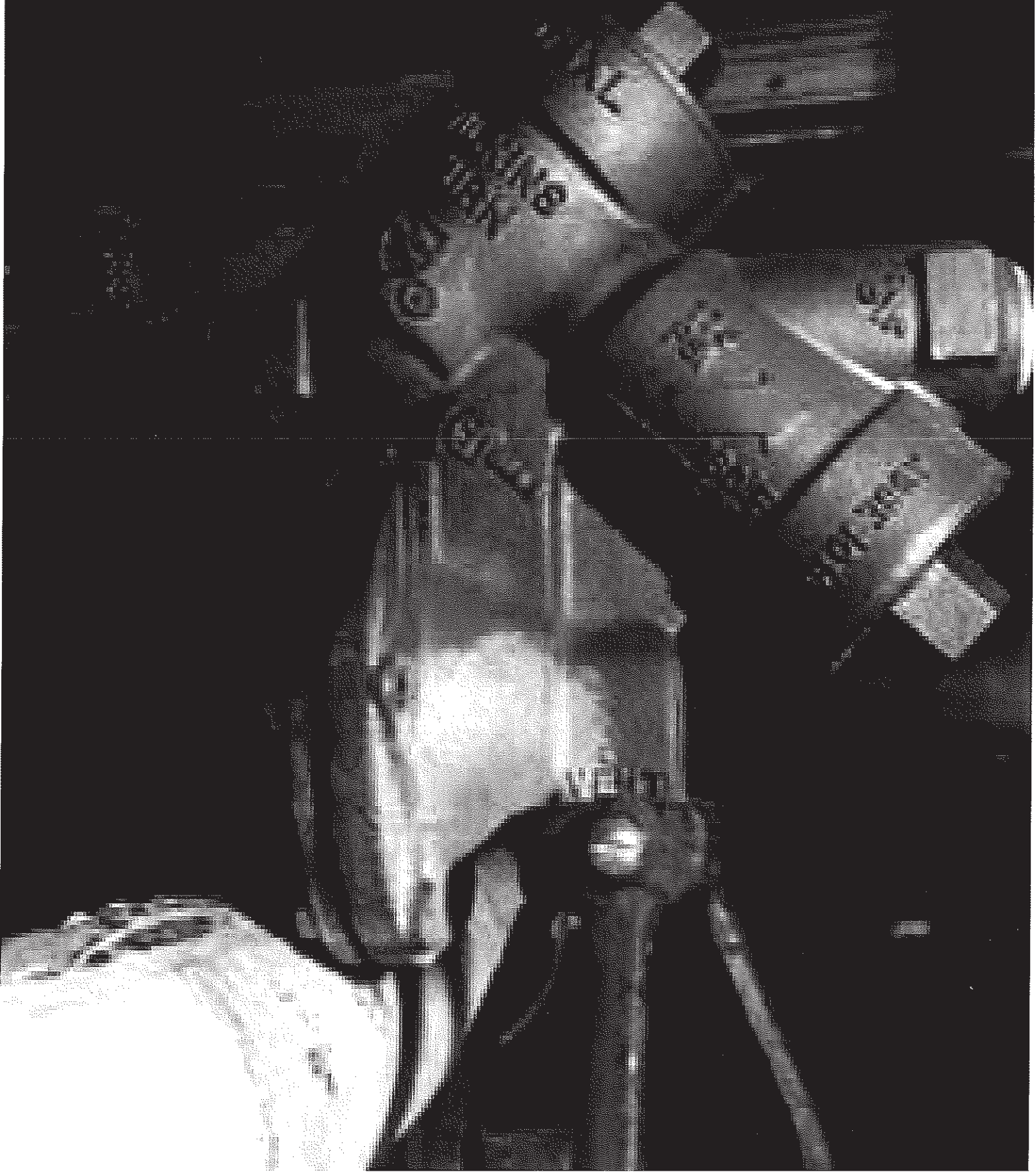
I certify that the above named individuals representing the Contractor arrived on site and to the best of my knowledge, completed the stated work listed:

Print Name/Rank: AL MOPINGKI Date: 2/26/18

Signed: AL MOPINGKI

E-Mail: _____

200 0 0 0 0



PA171 Johnstown
284 Aviation Drive
Johnstown, PA 15902

Contract:	0.00
Change Orders:	0.00
Revised:	0.00
Prev. Billed:	0.00
Open:	0.00

<u>Cat.</u>	<u>Description</u>	<u>Date</u>	<u>Invoice</u>	<u>P.O.</u>
1		3/20/2010	701041004	

JOURNEYM
JOURNEYM

7

Contract	Billings
Amount	To Date
James J McElhinny	
FICA, FUTA, SUTA, Workers Comp	
James J McElhinny	
Fringes	

<u>Actual</u>
33.83
3.80
23.29

Cost
Budget

Overrun

Actual
1.00
0.00

Budget:

Over

Quantity

Bill @

Posted
2/26/2018
2/26/2018

Billing C

ccle
5534
5534

Job 183057TP Totals

0.00

0.00

60.92

0.0

60.92

1.00

00.0

1.00

10-11-12

1-Don't

580-1