

Additional Funding Request
INVOICE

VA049	CSS# 32374 WO# 15006 Asset# NA							
Description of Repairs	Diagnosed chiller and found faulty chilled water flow switch. Ordered and picked up part. Shut chiller down and valved off heat exchanger. Drained lines and removed old flow switch and installed new one. Refilled lines and bleed out air. Started chiller and monitors unit to make sure reached proper temps. Unit repaired.							
Diagnosis: Initial Work Order	The HVAC is out in the building. The system has been reset and still not working.							
Diagnostic Fee	\$ 160							
Additional Labor Cost to Perform Repairs	\$ 320 TWI \$80/hr x 4							
Additional Cost	\$ 221.30 <table border="1" style="width: 100%;"><tr><td style="width: 40%;">Switch; Flow Sensor Thermal Disp. 24V</td><td style="width: 20%;">1</td><td style="width: 20%;">221.30</td><td style="width: 20%;">221.30</td></tr></table>				Switch; Flow Sensor Thermal Disp. 24V	1	221.30	221.30
Switch; Flow Sensor Thermal Disp. 24V	1	221.30	221.30					
Total Cost of Repair	\$ 701.30							



WORK ESTIMATE

32374

Work Order #:

15006

Emergency

Urgent

X

Routine

Company Name:	Tidewater, Inc.	Facility ID:	VA049
Contractor POC:	Adam Colopy		
Telephone No:	740-819-6207	Building/Location; (e.g., Classroom/Room #)	
E-Mail Address:	adam.colopy@tideh2o.net		
Assigned Technician(s):	Will Schultz		

DESCRIPTION of WORK and EXPLANATION for REPAIRS or REPLACEMENT

Labor and materials to replace chilled water flow switch.

LABOR/MATERIAL		MATERIAL/ SUB UNIT DOLLAR AMOUNT	LBR/HR \$80	LINE ITEM TOTAL DOLLAR AMOUNT
ITEM	QUANTITY			
Diagnostic			2	\$160.00
Switch; Flow Sensor Thermal Disp. 24V	1	\$221.30		\$221.30
Labor			4	\$320.00
SUB-TOTAL COSTS:		Materials Total	\$221.30	Labor \$480.00
			TOTAL	\$701.30

CERTIFICATION OF WORK SERVICE CALL

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

FACID/Building: _____ Date of Visit: _____

Contractor Personnel on Site:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Service Call Number

CSS# _____ WO# _____

Description of Repairs

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: _____ Date: _____

Signed: John Doe

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank:  Date:

Signed: John Doe

E-Mail:



