

## Additional Funding Request

### INVOICE

<b>VA049</b>	<b>CSS# 33979 WO# 15960 Asset# NA</b>			
Description of Repairs	Labor and materials for replacement of brass plug.			
Diagnosis: Initial Work Order	Water main room water coming out from under door.			
Diagnostic Fee	\$ 0			
Additional Labor Cost to Perform Repairs	\$ 640 TWI Labor \$80/hr x 8			
Additional Cost	\$ 5			
	Brass plug ¾	1	5.00	5.00
Total Cost of Repair	\$ 645			

# WORK ESTIMATE

CSS #: 33979

Work Order #: 15960

Emergency ☒ Urgent ☐

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:	<a href="mailto:adam.colopy@tideh2o.net">adam.colopy@tideh2o.net</a>		
Assigned Technician(s):	Will Schultz		

## DESCRIPTION of WORK and EXPLANATION for REPAIRS or REPLACEMENT

Labor and materials to replace brass plug.

LABOR/MATERIAL		MATERIAL/ SUB UNIT DOLLAR AMOUNT	LBR/HR \$80	LINE ITEM TOTAL DOLLAR AMOUNT
ITEM	QUANTITY			
Diagnostic			0	\$0.00
Brass Plug 3/4	1	\$5.00		\$5.00
Labor			8	\$640.00
SUB-TOTAL COSTS:		Materials Total	\$5.00	Labor \$640.00
TOTAL			\$645.00	

**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. _____	4. _____
2. _____	5. _____
3. _____	6. _____

**Service Call Number**

CSS# \_\_\_\_\_ WO# \_\_\_\_\_

**Description of Repairs**

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**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: 

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: \_\_\_\_\_

E-Mail: \_\_\_\_\_

