

Over and Above Estimate

Region: 4

Location: VA039

CSS #: 16807

Maximo Work Order No.: 7166

Asset#: NA

Date Issued: 1/3/19

Original Description: Drain Pipe Broken in Unisex Bathroom

Diagnosis: To remove and replace the above unit with a new LG 9,000btu ductless mini split system with a wall mounted evaporator. Moore's will make all connections from the old unit to the new unit. This includes connecting to existing electrical connections from the new fused outdoor disconnect to the new unit, low voltage communication wiring between the indoor and outdoor units, including running new refrigerant lines and drain lines with a new condensate pump. Start, test, and ensure proper operation of the system.

Non Pre-Priced Estimate:

Quantity	Line Item Number	Description	Labor Hours	Unit	Labor	Materials	Equipment	Total
1		LG 9k 120v Inverter M# LSN090HSV5 Condenser				\$992.08		\$992.08
1		LG 9k 120v Inverter M# LSU090HSV5 Wall Unit				\$593.01		\$593.01

1		Disconnect M# D221NRB			\$72.50		\$72.50
1		Fuses M# ECNR30			\$34.29		\$34.29
1		Elec. Whip M# 6-34-6NM			\$41.09		\$41.09
1		50' Comm. Wire M# 6332B			\$80.85		\$80.85
1		Disconnect Whip M#6-12-6NMSP			\$13.18		\$13.18
1		Weatherproof Outlet Cover M# MG420C			\$33.07		\$33.07
1		GFCI Outlet M# GFRST15W3Z			\$56.41		\$56.41
1		Condensate Pump M# ASP-MA-UNIT			\$170.87		\$170.87
1		50' Refrigerant Piping M# D61020500B3B6			\$158.20		\$158.20
1		Torch, Vacuum & Nitrogen FEE			\$108.12		\$108.12
1		Slim Duct Kit M# SDK-100-W			\$103.03		\$103.03

1	Permit				\$273.48		\$273.48
1	Final Inspection Fee				\$300.00		\$300.00
1	Shipping and Handling				\$95.40		\$95.40
1	Truck Fee				\$55.00		\$55.00

Note: RS Means (Pre-Priced) not used in compiling this estimate.

Note: Subcontractor quote attached.

Estimate Summary:

Labor Hours	Labor Cost	Material Cost	Equipment Cost	Total Cost	CE Factor	Total Estimate
Mechanic- \$120 x 12= \$1,440.00	\$3,360.00	\$3,030.58		\$6,390.58	102%	\$6,518.39
Mechanic- \$120 x 12= \$1,440.00						
Incurred- \$120 x 4= \$480.00						

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

FACID/Building: VA039 Date of Visit: 02/06/19
Contractor Personnel on Site:

1. _____ 2. _____

Work Performed:

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

1. WO# Found mini-split system bad and needs replaced. Changed out trap under sink. Quote needed for bad mini-split.

Service Calls – Service Call Number and Description

1. CSS# _____
2. CSS# _____
3. CSS# _____

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Stacy Duty Date: 02/06/19

Signed: Stacy Duty

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: stephanie mctamaney
Date: 02/09/2019

Signed: stephanie mctamaney

E-Mail:

____stephanie.n.mctamaney.civ@mail.mil_____

