

Over and Above Estimate

Region: 2

Location: NY023

CSS #: 20494

Maximo Work Order No.: 5078

Asset#: NA

Date Issued: 7/29/18

Original Description: Need to replace current fresh air intake fan 85CFM with new fan at least 170CFM

Diagnosis: Labor and material to replace mini-split and repair fresh air fan system

Non Pre-Priced Estimate:

Quantity	Line Item Number	Description	Labor Hours	Unit	Labor	Materials	Equipment	Total
1		Materials (See attached estimate for line items)				\$10,045.00		\$10,045.00

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
35 x \$175.00	\$6,125.00	\$10,045.00		\$16,170.00	90%	\$14,553.00

Please see attached estimate

Note:

Qty.	Item#	Description	Unit Price	Line Total
1	2	BLDG 200 ROOM 1004 (JOB #2)		
		REPLACE SPLIT 2 TON CEILING SUSPENDED		
		MINI-SPLIT UNIT		
		REPAIR FRESH AIR FAN SYSTEM (NOTED ON		
		CSS2094 W05078)		
		<u>MATERIAL</u>		
		2 TON MINI SPLIT UNIT		\$4800.00
		MISC PIPE FITTINGS AND HARDWARE		\$660.00
		ROOF LABOR RIGGING		\$3480.00
		FRESH AIR FAN REPAIR AND UPGRADE		\$360.00
		EXHAUST FAN SERVICE		\$170.00
		INSULATION		\$175.00
		ELECTRICAL POWER AND CONTROLS		\$400.00
		<u>LABOR</u>		
		35 HRS X \$175.00 PER HOUR		\$6125.00
		TOTAL		\$16170.00

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

FACID/Building: NY023 Bldg 200 Date of Visit: 9/5/2019

Contractor Personnel on Site:

1. J. W. W. W.

2. JAMES S. S. S.
PHIL

Work Performed:

Preventive Maintenance - (Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders -

Asset #	Qty	Asset Description
1	1	Room 3008K
		SPLIT COILS A/C UNIT NOT
		WORKING — 2 TON UNIT
		REPLACE
2	2	Room 1004
		SPLIT ROOM UNIT AC 2 TON
		NOT WORKING
		FRESH AIR FAN NOT
		WORKING
		REPLACE

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: J. W. W. W.

Date: 9/5/19

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: Louis Corbo Date: 9/5/14

Signed: [Signature]

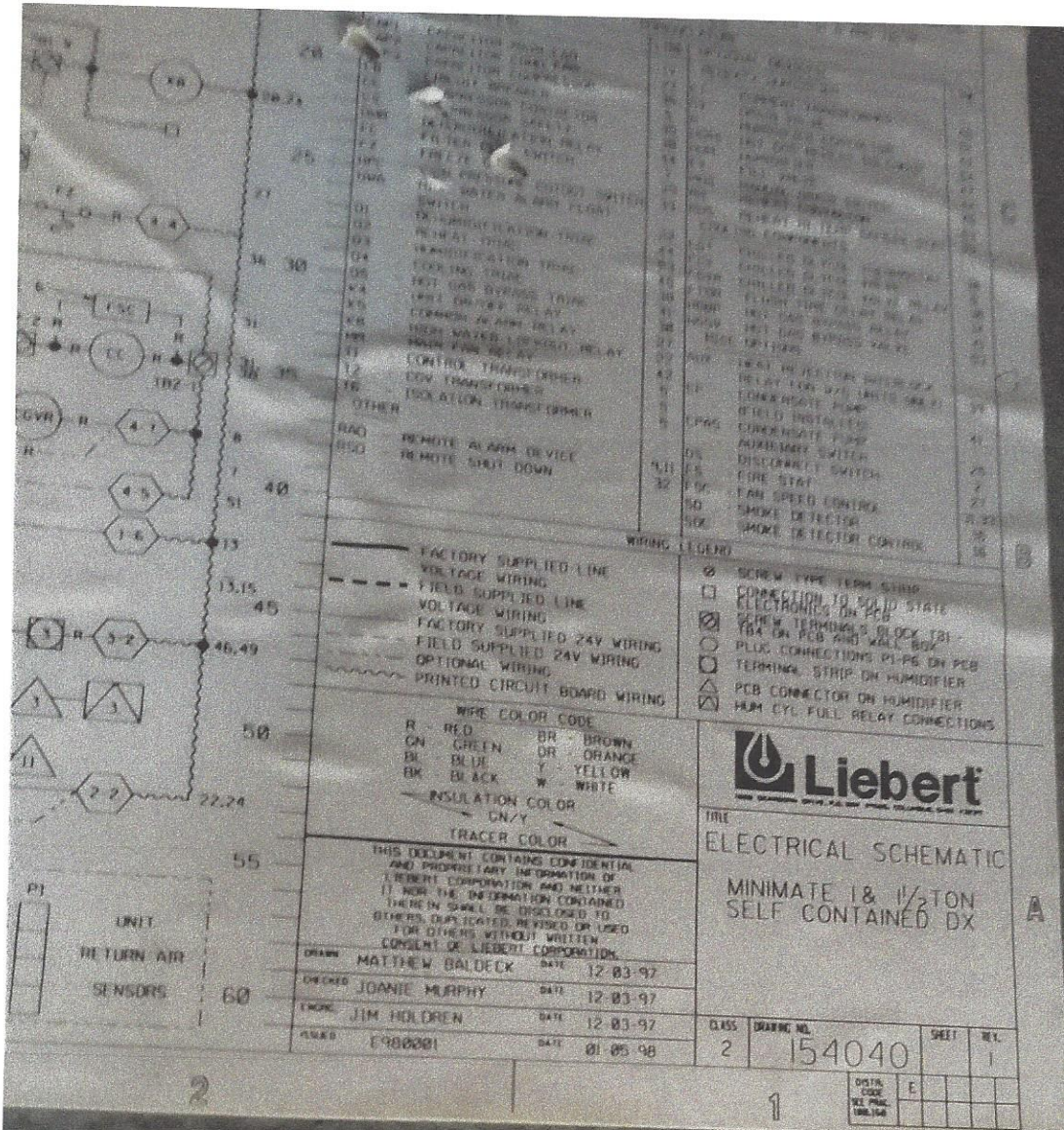
E-Mail: Louis-A. Corbo-CTR@MAIL.mil



5th 20445
CSS 20445

NY023 Blog 200

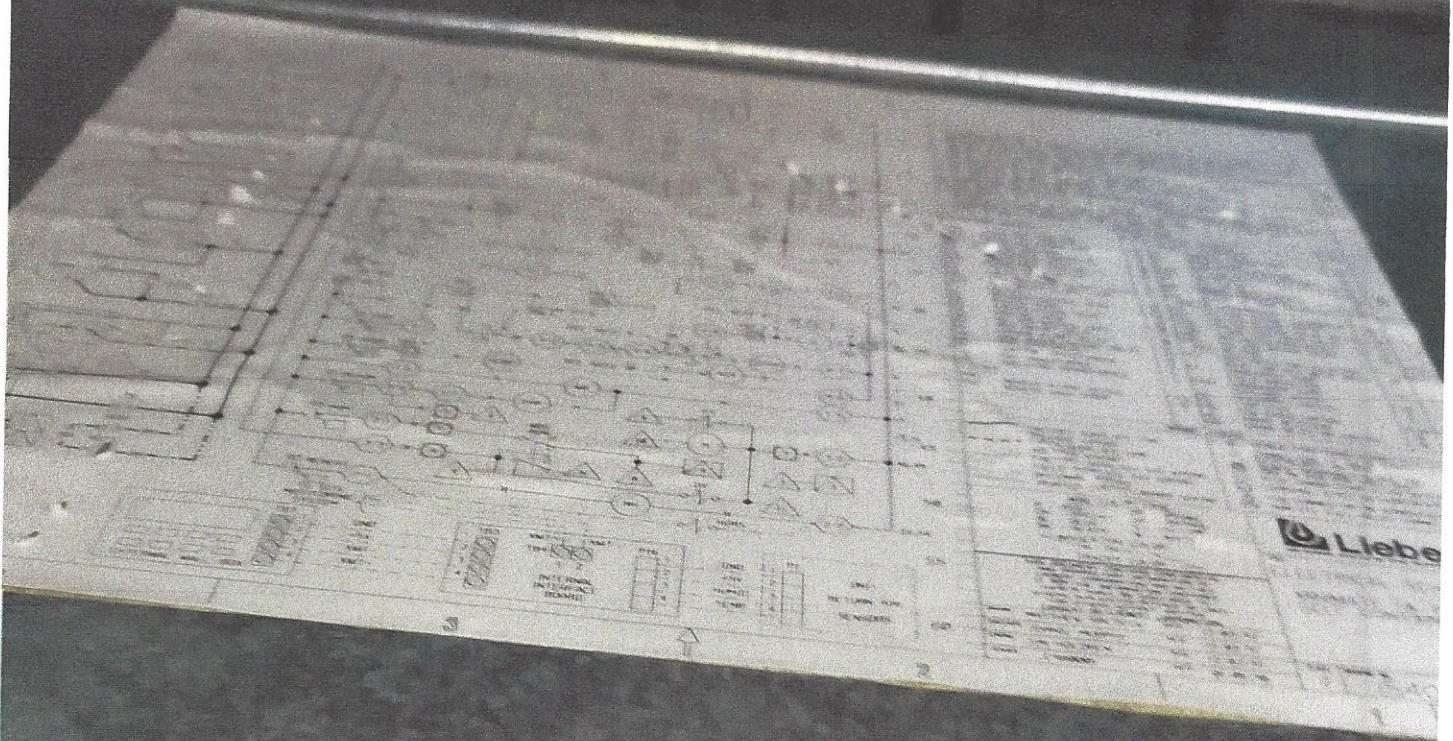
Room 3008K



CAUTION

CS 20445

NF023 10/14/200 Room 3008K



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5/10/2015
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NY 023 BLDG 200 Room 3009K



NY 023 B209 208 Room 1044 C95 H 2048



N4023 Bldg 200 room 1044

LG # 20445



NY023 BLOK 200 ROOM 104V C55 # 2045