

Additional Funding Request

Site: NY0023	WO# 9322 CSS # 25585 Asset# NA
Description of Repairs	
Diagnosis: Initial Work Order CSS# 25585	inspect/diagnose/repair the float sensors in the lift station of building #200
Explanation of Additional Costs for Repairs	Vic Rooms 206D,E,F and G. Replace 40' of heating/ac pipe insulation w ½" poly insulation. Wrap ceiling with additional poly wrap for extra protection Replace 40' of ceiling Tile.
Additional Labor Cost to Perform Repairs	2 men @ 8= 16 hours \$1480.00, Plus 200.00 diagnostic Cost
Additional Material Cost to Perform Repairs	\$690.00
Total Cost of Repair	\$2370.00
	Materials to include 4ea 36x48 ½" poly insulation sheets 2qt KFLEX R-320 Adhesive 5 Rolls of flex tape 20ea 4x4 ceiling tiles

ACAV SERVICES

June 26, 2020



ESTIMATE 062620 CSSTBD

Bill To		Ship To	
Customer	International Support Group M DUBOIS,	Recipient	99 RSC RD DPW R Linn
Customer ID#	NY023 (BLDG 200)	Address	Ernie Pyle USARC BLDG 206 Ft Totten NY
Address	9050 Pines Blvd STE 150 Pembroke Pines FL 33024	Phone	718 631 6188
Phone	954 900 1095		
Payment Due	NET 30	Delivery Date	N/A
Salesperson	JW	Shipping Method	N/A
Payment Terms	CC	Shipping Terms	N/A

Qty.	Item#	Description	Unit Price	Line Total
1	1	NY023 BLDG 200 VIC ROOMS 2006D,E,F AND G REPLACE 40FT OF HEATING/AC PIPE INSULATION WITH 1/2' POLY INSULATION WRAP CEILING WITH ADDITIONAL POLY FOR ADDITIONAL PROTECTION REPLACES 40FT OF CEILING TILE MATERIAL 40FT of 1/2' x 2 1/8 ' POLY PIPE INSULATION 4 EA 36"X48" POLY 1/2" INSULATION SHEETS		

ACAV Services

11 Snug Cove Lane
Bayville NY 11709
Jacka377@verizon.net
516 941 6581

Qty.	Item#	Description	Unit Price	Line Total
		2 QT KFLEX R-320 ADHESIVE 5 ROLLS OF FLEX TAPE 20EA 4X4 CEILING TILES		
		TOTAL MATERIAL		\$575.00
		LABOR 8 HRS 2 \$185.00 PER HOUR ,		\$1480.00
		TOTAL NO TAX		\$2055.00
TOTAL				\$2055.00



CERTIFICATION OF WORK

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

FACID/Building NY023

Date of Visit: 05/12/2020

Contractor Personnel on Site: NY023

1. ACAV 2. _____

Work Performed: Diagnostic of repair of leak in lift station building #200

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

Asset #	Qty	Asset Description

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: John Wohrle Date: 6/23/2020

Signed: _____

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: _____ Date: _____

Signed: _____

E-Mail: _____