



Over and Above Estimate

Region:2

Location: NY023

CSS #: 25654

Maximo Work Order No. #9328 Asset#

Date Issued: 06/22/2020

Original Description: Diagnose and repair wall unit in room 3009B. The unit turns on but the fan stops blowing.

Diagnostic: Fan coil to Room 3009B not working, Recommend replacement

Non Pre-Priced Estimate:

Quantity	Line Item Number	Description	Labor Hours	Unit	Labor	Materials	Equipment	Total
1		Materials (See attached estimate for line items)				\$2550.00		\$2550.00

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
10 hours @ 250.00 Plus 200.00 Diagnostic \$2700.00	\$2700.00	\$2550.00		\$5250.00	1.03%	5407.50

Please see attached Estimate,



ACAV SERVICES

July 1, 2020



ESTIMATE 070101 CSS 25654

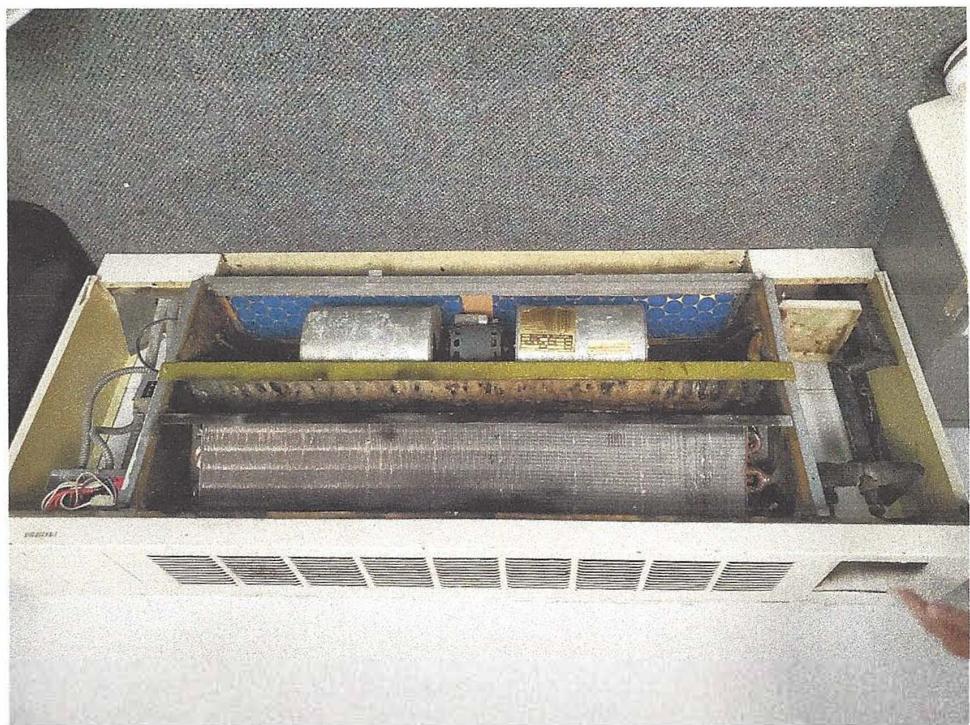
Bill To		Ship To	
Customer	International Support Group M DUBOIS,	Recipient	99 RD DPW R Linn
Customer ID#	NY023 (BLDG 200/206)	Address	Ernie Pyle USARC BLDG 206 Ft Totten NY
Address	9050 Pines Blvd STE 150 Pembroke Pines FL 33024	Phone	718 631 6188
Phone	954 900 1095		
Payment Due	NET 30	Delivery Date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

Qty	Item #	Description	Unit Price	Line Total
1	1	BUILDINGS 200 NY023 ROOM 3009B Disconnect existing 3/4" feed and return and return. NOTE: If shutdown valves don't hold additional cost may be incurred Disconnect existing electric from unit. Remove existing unit from nesting position. Furnish and set in place 1 EA new 61x25x9 2 Pipe Fan Coil Unit Connect existing 3/4" feed and return piping. Connect existing electric to unit.		

ACAV Services

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

Qty	Item #	Description	Unit Price	Line Total
		Activate system and check for proper operations.		
		MATERIAL		
		1ea 61x25x9 2 pipe Fan Coil unit	\$2550.00	
		LABOR 10 hrs @ \$250.00 per hour	\$2500.00	
		TOTAL		\$5050.00
		NOTE THIS ITEM HAS A 4 WEEK LEAD TIME		
				\$5050.00



CERTIFICATION OF WORK

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

FACID/Building: NY023 B206
Room 3009B

Date of Visit: 6/23/20

Contractor Personnel on Site:

1. I will use

2. Tim Laysan

Work Performed:

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

Service Orders -

65 25654

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Two Horse Date: 6/27/20

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: Louis Corbo AFOS Date: 6-23-20

Signed: 

E-Mail: louis.a.corbo.CTR@mail.mil