

WORK ORDER ESTIMATE

CSS #:

Work Order #:

Emergency

Urgent

2

Routine

Company Name:	ISG	Facility ID:	NY023
Contractor POC:			
Telephone No:		Building/Location; (e.g., Classroom/Room #)	
E-Mail Address:			
Assigned Technician(s):	Deen Rowe		

DESCRIPTION of WORK and EXPLANATION for REPAIRS or REPLACEMENT

Fan coil unit in B206 office 207 will not turn on/ Upon arrival checked unit found no power to unit, located circuit breaker and reset. Checked unit for proper operation

LABOR/MATERIAL		MATERIAL/ SUB UNIT DOLLAR AMOUNT	LBR/HR \$85.00	LINE ITEM TOTAL DOLLAR AMOUNT
ITEM	QUANTITY			
Labor	2	\$85.00	\$170.00	
				\$0.00
				\$0.00
				\$0.00
SUB-TOTAL COSTS:	Materials Total	\$0.00	Labor	\$170.00
			TOTAL	\$170.00

CERTIFICATION OF WORK

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

FACID/Building: N4023 / Building 206

Date of Visit: 7/14/20

Location Address: Fort Totten

Contractor Personnel on Site:

Deenvaughn Rowe

Work Performed: g Checked unit and noticed no power, located circuit breaker and switched it on, check for normal operation.

Service Calls – PO/CSS# 25951

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deenvaughn Rowe

Date: 7/14/20

Signed: Deenvaughn Rowe

To be signed by Facility Manager:

I certify that the above named individuals representing the Contractor arrived on site.

Print Name/Rank: _____ Date: _____

Signed: _____

Email: _____