

WORK ORDER ESTIMATE

CSS #:

Work Order #:

Emergency

Urgent

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

Diagnose and repair leaking wall unit room 3001C, Drip pan might be clogged

LABOR/MATERIAL		MATERIAL/ SUB UNIT DOLLAR AMOUNT	LBR/HR \$80	LINE ITEM TOTAL DOLLAR AMOUNT
ITEM	QUANTITY			
Labor				\$0.00
				\$0.00
ISG Will not charge. Mike Wolfe did not perform proper PM				\$0.00
				\$0.00
SUB-TOTAL COSTS:	Materials Total	\$0.00	Labor	\$0.00
TOTAL			\$0.00	

CERTIFICATION OF WORK

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

FACID/Building: N4023

Date of Visit: 6/30/20

Location Address: Room 3001 C

Contractor Personnel on Site:

DEEN ROWE

Work Performed: g Cleared out drain pan from dirt, and blew out drain line.

Service Calls – PO/CSS#


Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deen Vaughn Rowe

Date: 6/30/20

Signed: 

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: _____