

WORK ORDER ESTIMATE

CSS #:

Work Order #:

Emergency

Urgent

2

Routine

Company Name:	ISG	Facility ID:	NY058
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

This unit has no motor and has loose wires appears as if was in process of being replaced and never completed. Motor Provided by the govt. ISG technician, leak tested , pulled vaccum and charged unit with R407C. ISG performed work will do for issued amount of 724.00

LABOR/MATERIAL		MATERIAL/ SUB UNIT DOLLAR AMOUNT	LBR/HR \$85.00	LINE ITEM TOTAL DOLLAR AMOUNT
ITEM	QUANTITY			
Labor	8		\$85.00	\$680.00
Nitrogen				\$0.00
Refrigenant R407C	8.4lb	\$50.40		\$50.40
SUB-TOTAL COSTS:	Materials Total	\$50.40	Labor	\$680.00
	TOTAL			\$730.40

CERTIFICATION OF WORK

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

FACID/Building: NY058-104

Date of Visit: 10/7/2020

Location Address: Shoreham, NY

Contractor Personnel on Site:

Deen Rowc

Work Performed: g Leak tested with Nitrogen and leak detector, Pilled Vacuum, And Charged w/ 8.4 lbs of R407C. / Fan Motor Was Already Repaired.

Service Calls – PO/CSS# 23195

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deen Vaughan Rowc

Date: 10/7/2020

Signed: J. Vaughan Rowc

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: _____

