

Over and Above Estimate

Region:2

Location: NY058

CSS #: 22893

Maximo Work Order No.: 6492

Asset#:

Date Issued: 12/7/2019

Original Description: - Replace bulb in OMS vestibule. Light out, no other light in area. Replace emergency wall pack that are out

Description of Repairs: Replace Battery Packs in 10ea Bodine Packs emergency lights,

Non Pre-Priced Estimate:

Quantity	Line Item Number	Description	Labor Hours	Unit	Labor	Materials	Equipment	Total
1		Materials (See attached estimate for line items)				\$2675.00		\$2675.00

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
20hrs x \$220.00	\$4400.00	\$2675.00		\$7075.00	90%	\$6367.50

Please see attached estimate



ACAV SERVICES

December 30, 2019



ESTIMATE 1230192 CSS22893 WO6492

Bill To		Ship To	
Customer	International Support Group J Merchant,	Recipient	99 RSC DPW R Linn
Customer ID#	NY058 (Shoreham USARC)	Address	Ernie Pyle USARC BLDG 200 Ft Totten NY
Address	9050 Pines Blvd STE 150 Pembroke Pines FL 33024	Phone	718 631 6188
Phone	718 790 3562		
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	NY058 Shoreham USARC		
		REPLACE BATTERY PACKS IN 10EA		
		BODINE PACKS EMERGENCY		
		LIGHTS		
		Material		\$2675.00
		Labor 20 hours @ \$220.00 per hour		
		(INCLUDES LIFT CHARGE)		\$4400.00
		TOTAL		\$7075.00

ACAV Services

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

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

FACID/Building: NY058

Date of Visit: 12/16/19

Contractor Personnel on Site:

1. Tom Rose

2. Trustee

Work Performed:

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

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Taytuse

Signed:

Date: 12/17/19

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: Robert Bennett Date: 12/17
Signed: R. Bennett
E-Mail: _____

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

FACID/Building: NY058

Date of Visit: 12/16/19

Contractor Personnel on Site:

1. Tom Rose

2. Trustee

Work Performed:

Preventive Maintenance -(Annual, Quarterly, Monthly, equipment identification, etc.)
Service Orders - *See H. 7000*

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Taytuse

Signed: hsl Date: 12/07/15

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: Robert Bennett Date: 12/17
Signed: R. Bennett
E-Mail: _____