

WORK ORDER ESTIMATE

CSS #:

Work Order #:

Emergency

Urgent ☒

Routine

Company Name:	ISG	Facility ID:	NY058
Contractor POC:			
Telephone No:	954-900-1095	Building/Location; (e.g., Classroom/Room #)	OMS
E-Mail Address:	drowe@internationalsupportgro		
Assigned Technician(s):	DEEN ROWE		

DESCRIPTION of WORK and EXPLANATION for REPAIRS or REPLACEMENT

Clean condenser coil, reset high water float switch, added 1lb of r407c.

LABOR/MATERIAL		MATERIAL/ SUB UNIT DOLLAR AMOUNT	LBR/HR \$80	LINE ITEM TOTAL DOLLAR AMOUNT
ITEM	QUANTITY			
Labor				\$0.00
condenser coil cleaner				\$0.00
r407c freon 1 lb				\$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: NY058

Date of Visit: 6/30/20

Location Address: Shoreham, Long Island

Contractor Personnel on Site:

Deen Rowe

Work Performed: g Clean Condenser coil, reset high water alarm switch, added
1 lb of R407C.
Service Calls – PO/CSS#

Please take pictures and send with quote

CERTIFICATION OF WORK

To be signed by the Contractor:

Print Name: Deenvughn 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: _____