



## Service Repair Estimate

**Varney Inc**

Mechanical Service

1401 Municipal Rd  
Roanoke, VA 24012

Ph: 540-343-8580

Fax: 540-343-1707

Proposal Date: 8/26/2024

Proposal Number: P01664

**Bill To Identity**

CMI Management LLC  
5285 Shawnee Road Suite 510  
Alexandria, Virginia 22312  
Reginald Cook

**Agreement Location**

US Army Reserve  
5746 Reserve Way  
Dublin, Virginia 24084  
Reginald Cook

**THANK YOU FOR THE OPPORTUNITY TO SUBMIT THE FOLLOWING PROPOSAL:**

**Our price for this proposal is                      \$760.00**

**\*\*THE ABOVE PRICE IS VALID FOR 5 DAYS\*\***

Varney Inc proposes to troubleshoot AMSA compressor that has been having issues since power outage, now that power has been restored unit will start then stop before it hits required PSI. Troubleshooting is quoted to be scheduled during normal business.

Travel 2 Hours Round Trip: \$330.00

Labor 1 Technician & 1 Helper \$165 x 2 hours: \$330.00

Non Local Trip Charge: \$55.00

Consumables: \$45.00

Any additional troubleshooting needed will be \$165 per hour. If additional time needed, approval will be requested and approved by Reginald Cook.

Exclusions: As a standard practice this proposal does not include any landscaping, plumbing, HVAC, electrical, siding, masonry, roofing, flooring, drywall or carpentry work, nor structural modifications that may be required by local code authorities, unless otherwise specified above. Varney guarantees that any change orders will be immediately brought to the attention of the customer and not performed without specific, written consent of the customer.



## Service Repair Estimate

Upon execution as provided below, this agreement shall become a binding and enforceable agreement against both parties hereto. Customer, by execution of this Agreement, acknowledges that they have authority to enter into this Agreement.

### Contractor

\_\_\_\_\_  
Signature (Authorized Representative)

\_\_\_\_\_  
Name (Print/ Type)

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

### Customer

\_\_\_\_\_  
Signature (Authorized Representative)

\_\_\_\_\_  
Name (Print/ Type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
PO#