

# Estimate

Questions about this form? Please call 701-231-7181.

#1803

Date Submitted: 12/06/2017  
NEO Project #: 1217-04  
Fac Mgmt Job #:

Data:  Voice:   
CATV:  Other:

Requested By:	Department: Wellness Center [3450]	Funding:	You may split funding by percentage. If you need additional lines for funding, please list below.			
Name: Tammy Aronson	Office Phone: 1-8317	12500	3450	<i>remainder</i> 100%		
Requested Completion Date:		Fund	Dept.	Account	Program	Project % or \$
		19594	4500		00510	\$9,732.00
		Fund	Dept.	Account	Program	Project % or \$

**Description**

**WALLMAN WELLNESS CENTER**  
There are multiple areas within the Wellness Center where wi-fi is not available. Need to evaluate the facility to determine locations for additional and/or new wifi routers. Would like to use estimate information in conjunction with a funding request for additional applications within the Wellness Center

- OBJECTIVES:**  
Room 170E: Install one (1) WAP  
Room 198C: Install one (1) WAP  
Room 1116: Install one (1) WAP  
Room 1176A: Install one (1) WAP  
Room 1204: Install one (1) WAP  
Room 388T: Install three (3) WAPs, with conduit installation

*approved to bill fund 19594, dept. 4500, program 00510, up to \$9,732.00 - any overage will be pd. by the Wellness Center. cec Rohwedder 053018*

<b>Work Summary &amp; Totals</b>	
Date Completed:	05/16/2018
Completed By:	Kelly Summers
Total Hours:	8.0
Labor Subtotal:	\$496.00 <i>\$62.00 per hour billing rate</i>
Materials Subtotal:	\$5,639.19
Contracted Subtotal:	\$3,920.00
Total Cost:	\$10,055.19 <i>Labor, Materials, and Contracted Services &amp; Expenses</i>
Billable Total:	\$10,055.19
Estimate Only:	<input checked="" type="checkbox"/>

<b>Notes</b>
1) Estimate is valid for 60 days.
2) This is ONLY a project estimate and actual costs incurred will be billed. If the estimate is not returned within 60 days it will be removed from our estimating queue and your service/estimate request will need to be resubmitted.