

# Banner Requisition

305679

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AUTHORIZED SIGNATURE(S): I hereby certify that articles or services are budgeted and are necessary to properly conduct the activities of this department. NOTE: Official signature will be authority for payment.

Return Copy to Dept: Physical Plant Operation/Design & Construction      DATE: October 30, 2014  
 Campus, Bldg, Room: Boca Campus / Bldg #69 /Rm #111      INDEX:  
 Contact Person: Bob Thompson      FUND: TECHFEE  
 Phone - Fax] 561-297-2212 561-297-1012      ORG:  
 E-Mail rthomps3@fau.edu  
 Funding Type:    GTAIDS    Grants    Aux    Concession    Foundation Other     
 Receiving Deliver to:

## Date Delivery Desired By

Vendor Name: Work Electrical Service, LLC      City/State/Zip: Fort Lauderdale, FL 33312  
 Attn To: Chris Harker      Phone: 561-368-3131  
 Vendor Address: 2525 Marathon Lane      E-mail: chris@worxelectrical.com

ITEM #	DESCRIPTION	ACCOUNT CODE	QTY	UNIT	UNIT PRICE	DISC %	EXTENSION TOTAL
1	Provide labor and materials per Worx proposal PF-1003 Rev 1 for the installation of one ceiling receptacle and 2 in conduit from Rm. 128 to IT Rm. 107.		1				\$3,347.65
	P-6851						
	Invoice within (7) seven working days after completion of work. All application for payment must be accompanied by a certificate of contract performance form (CCP)						
	POC: Bob Thompson 561-297-2212						
	No vehicles, truck and /or heavy equipment are to be driven on unpaved areas of the campus, without prior consent and approval from FAU. This restriction is to protect sensitive open fields and habitat preserves from unforeseen damage.						
	<b>Total</b>						<b>\$3,347.65</b>

### For Purchasing's Use Only

Buyer Assignment \_\_\_\_\_



**Worx Electrical Service, LLC.**

2525 Marathon Lane  
Ft. Lauderdale, FL. 33312  
Ph. 561-368-3131  
Fx: 954-584-2980

**PROPOSAL / CONTRACT**

**Date:** 10/29/14

**Proposal #: PF-1003 Rev 1**

"WORX ELECTRICAL SERVICE INC.", hereinafter referred to as "Electric Contractor", proposes to furnish material and labor in accordance with the job description identified in this Proposal/Contract pursuant to the following:

1. SUBMITTED TO: Florida Atlantic University
2. CONTACT: Bob Thompson
3. CONTACT PHONES: (561) 297-2212 Fax: (561) 297-2260
4. Project Location / Name / P- #: **Bldg 11A Rm. 25 / Install Projector Receptacle / P- 6851**
5. JOB DESCRIPTION:

- Install above ceiling receptacle for projector
  - Receptacle shall be fed from existing local circuit
- Install 2" from room 128 to IT room 107
  - Conduit shall be bonded to cable tray
  - Conduit shall have pull string installed

*\*\*\*Proposal is inclusive of required permit, project release, inspections, as-built drawings, certificate of completion, certificate of contract performance forms.*

**\*\*\*\*Please see attached "Schedule A" \*\*\*\***

WE PROPOSE to perform the work as stated in this Contract in accordance with the specifications and plans submitted and completed in a workmanlike manner

**for the sum of: Base Proposal \$ 3,347.65 .** *Three Thousand Three Hundred Forty Seven Dollars and 65/100*

**with payments: standard AIA billing**

**This Contract is executed at "Ft. Lauderdale FLORIDA" by Electric Contractor**

**ACCEPTANCE OF PROPOSAL:** The prices, specifications, terms and conditions are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above. It is understood and agreed that this work is not provided for in any other agreement and no other contractual rights arise until this proposal is accepted in writing.

**Worx Electrical Service, Inc.**

**Customer**

By: Chris Harker

By: \_\_\_\_\_

Title: Estimator / Project Manager

Title: \_\_\_\_\_

Date: 10/29/14

Date: \_\_\_\_\_

We look forward to doing business with you.

## SCHEDULE A

This schedule is attached to and made part of the above referenced Proposal/Contract number and is subject to the selling price, payment terms, scope of work and the Terms and Conditions set forth herein

Proj. Name: Projector Receptacle & 2" Data Conduit  
Proj. #: P-6851

DESCRIPTION	QTY	Cost	Total Cost
1/2" EMT	40	\$0.33	\$13.20
1/2" EMT conn	1	\$0.25	\$0.25
1/2" EMT s/s coup	4	\$0.28	\$1.12
1/2" conduit hanger strap w/bolt	6	\$1.06	\$6.36
1/2" steel flex	4	\$0.76	\$3.04
1/2" squeeze flex strt conn malleable	1	\$1.94	\$1.94
1/2" change over	1	\$3.19	\$3.19
1900 Deep W/mud ring or blank	1	\$4.73	\$4.73
Industrial Cover	1	\$3.60	\$3.60
20A duplex receptacles TR	1	\$4.63	\$4.63
#12	150	\$0.15	\$22.50
Accessories	1	\$3.60	\$3.60
2" EMT	200	\$2.00	\$400.00
2" SS Coup	25	\$2.45	\$61.25
2" SS Conn	1	\$2.56	\$2.56
2" EMT 90	2	\$8.34	\$16.68
2" Ins Bonding Bushing	1	\$9.66	\$9.66
2" Bang-On bushing	1	\$1.49	\$1.49
2" strut strap	6	\$2.79	\$16.74
2" mini strap	20	\$2.81	\$56.20
<b>TOTAL COST</b>			<b>\$632.74</b>

## Proposal Breakout

A	*Journeyman Labor	\$75.00	20	\$1,500.00
	*Apprentice Labor	\$56.00	20	\$1,120.00
	*Permitting / Supervision	\$75.00	0	\$0.00
	<b>SUBTOTAL</b>			<b>\$2,620.00</b>
B	Materials Cost	\$632.74		
	Sub-Contractor /	\$0.00		
	<b>SUBTOTAL</b>			<b>\$632.74</b>
C	Overhead ( = 6% x B )	6%		\$37.96
	Profit ( = 9% x B )	9%		\$56.95
	<b>SUBTOTAL</b>			<b>\$94.91</b>

**SUM TOTAL ( = A + B + C )**  
**\$3,347.65**

\* - Labor rates are inclusive of labor burden, overhead, & profit

OCT 1 2014



# MINOR PROJECT REQUEST FORM

(For requesting work through Facilities Planning)

Thank you for requesting work through Facilities Planning.  
Please provide all information required below, obtain the signature of your Dean/Director and Provost/Vice President, then forward to: Facilities Planning Department, Campus Operations Building CO-69 Room 107  
Your project request will be reviewed and assigned a project number and a coordinator. A copy will be returned to you at the address you have provided below. The assigned coordinator will contact you regarding the specific details of your project, as soon as the coordinator's schedule allows.

For Facilities Planning Use Only

P- 6851

Project Number

Assigned Coordinator / Telephone

Director / Date

Physical Plant Representative

Requesting department must complete this section.

## Requestor's Information:

Name: Steve Diaz

Date: 9/26/14

Requestor's Campus Address: Boca - Education Bldg47

email: sdiaz@fau.edu

Telephone Number: 7-3038

Fax No.: \_\_\_\_\_

Department Name: Technology Services

## Project Information:

Building: Field House 11A

Room Number(s): 25

Budget: TechFee 801594 Fund: TechFee

Org: TechFee 8015-94

A funding source must be identified for any work requested.

Description of work being requested:

We need a electrical receptacle installed for a ceiling mounted projector.

## Departmental and Divisional Approvals:

The requested work has been reviewed and is approved. It is understood that funding for this project is the responsibility of the requesting department.

Approval is required of both the department Dean / Director and the Provost / Vice President.

Dean/Director: Andrew Robeson Print Name: ANDREW ROBESON Date: 9/26/14

Provost / Vice President: Rochelle Prince Print Name: ROCHELLE PRINCE Date: 9/26/14

DIR. of ACAD BUDGETS

6E-01 NY L-130 1/02

Revised 08.25.13

PROVOST