

Date: 11/11/2015

PROPOSAL NO:47645	SUBMITTED TO: Neal Reisz	
Company Name & Address:	Job Location:FAU Boca	
	Incident ID: 1048915	
Florida Atlantic University		
OIT Department	Building 36	
777 Glades Road	Room 231B	
Boca Raton FL 33431	Collaboration Station	
Phone Number:561-297- 6592	Email: nreisz@fau.edu	

Jade Communcatios Inc. Will Provide and install 10 Cat 6 Cables in Building 36 Roomm 231B. JCI will also Provide and install 1"flex Conduit and EMT Cut in Box.

Item #	Quantity	Part #	Manufacturer	Description	Unit	Unit Price	Total Price
1	24			Standard Hourly Rate - Inside Plant Cable Technician	Hour	\$42.67	\$1,024.08
12	1120	219567-X	AMP	CMP Category 6 UTP Cable (600 Mhz), TIA/EIA -568B Enhanced	LF.	\$0.41	\$459.20
26	20	1375055- X	AMP	SL Series 110connect Category 6 Modular Jacks, T568A/T568B	EA.	\$6.47	\$129.40
51	6	1116412- 1	AMP	Blanks Inserts	EA.	\$0.29	\$1.74
59	4	2111011- X	AMP	Flush faceplate, 4 port	EA.	\$1.75	\$7.00
83	10	1933xxx- 4	AMP	Patch Cord, Category 6 4- pair UTP, 4 ft. w/RJ45	EA.	\$8.07	\$80.70
85	10	1933xxx- 6	AMP	Patch Cord, Category 6 4- pair UTP, 6 ft. w/RJ45	EA.	\$8.77	\$87.70
2	40			1" EMT Flex	LF	\$1.84	\$73.60
3	2			SG EMT Box	EA.	\$6.19	\$12.38
4	4			1" EMT Connector	EA.	\$3.20	\$12.80
5	1			Support Bar	EA.	\$17.13	\$17.13
						Total Price	\$1,905.73

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Balance due upon receipt of invoice.

All material is guaranteed to be as specified. All work above to be completed in a skillful manner according to standard practices. Any alteration or deviation from above specifications involving extra cost, will be executed only upon written orders, and will become a "T & M" extra charge over and above the estimate. All agreements are contingent upon strikes, accidents or delays beyond our control. No permit fee's or bonding is included in this quotation. This proposal is subject to acceptance within thirty days and is void hereafter at the option of the undersigned. Florida License ES0000112. Pricing includes all sales tax.

	Busicy Buffett
AC	CEPTANCE OF PROPOSAL
• • • •	and conditions are hereby accepted. You are authorized to nt will be made as outlined above.
Signature	Date

Layley Rarrett

AUTHORIZED NAME