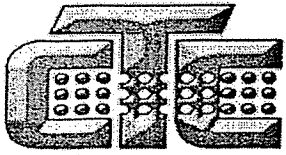


COUNTY FACILITIES COMMITTEE

April 20, 2006 Agenda Item IV 3 Attachments

Mold Remediation Project – Final
Contractor Invoices for payment



CHAMPAIGN TELEPHONE COMPANY

1300 S. Neil Street
Champaign, IL 61820-6528

Tel: (217) 359-4282
Fax: (217) 398-5923
www.champaigntelephone.com

INVOICE NUMBER: 1019888-IN

INVOICE DATE: 04/11/2006

SALESPERSON: 0600

CUSTOMER NUMBER: S0574

ORDER NUMBER:

ORDER DATE:

INVOICE

SOLD TO:
Champaign County
1776 E. Washington Street
Admin Serv-Evelyn Boatz
Urbana, IL 61802-4578

SHIP TO:
Nursing Home Phase 3-384-3776
500 S. Art Bartell Rd
Alan Reinhart/Phycisal Plant
Urbana, IL 61801

CUSTOMER P.O.

CONFIRM TO:

TERMS

DUE DATE:

Net 30 Days

5/11/2006

ITEM NO.	DESCRIPTION	QUANTITY	PRICE	AMOUNT
/LABRPW	Labor Prevailing Wage			1,481.25
	Removed faceplates in wings 1 & 3; removed rack, 110 block, wire & bagged jacks; cleaned up wire off the floor			

Net Transaction:	1,481.25
Less Discount:	0.00
Freight:	0.00
Sales Tax:	0.00
Trans Total:	1,481.25

Late Payments are Subject to a Daily .00417% Fee from Date of Invoice
Minimum Late Fee is \$5.00



OK-A
HEATING / AIR CONDITIONING / REFRIGERATION
PLUMBING / SHEETMETAL / VENTILATION

INVOICE

Denny Inman
Champaign County Administration Services
1776 East Washington
Urbana, Illinois 61802

Re: Champaign County Nursing Home
Heating Mold Remediation

Remove and replace thermostats in affected areas.

Entec Services:	\$ 2,453.80
Reliable O & P 7%:	<u>171.77</u>
Total:	\$ 2,625.57





To: John Fimian
Company: Reliable
Phone: (217) 356-1841
Fax: (217) 356-7655

From: Scott Schuetz
Company: **ENTECSERVICES, INC.**
Phone: (309) 697-2122
Fax: (309) 697-8119

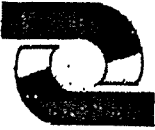
Date: April 6, 2006
Pages including this cover page: 2
RE: Champaign Cty. Nursing Home Project

John,

Please find on the following page an invoice for the mold remediation work. If you have any questions, please feel free to give me a call.

Thank you,

Scott Schuetz
Project Sales Representative



ENTECS SERVICES, INC.

P.O. BOX 118, PEORIA, IL 61650-0118
PHONE: (309) 697-2122 FAX: (309) 697-8119

INVOICE NO.

IC3828

DATE

4/5/2006

BILL TO:

RELIABLE MECHANICAL, INC.
P.O. BOX 734

SAVOY IL 61874-0734

LOCATION:

CHAMPAIGN CO. NURSING HOME

URBANA IL

CUSTOMER NO	CUSTOMER PO NO	TERMS	JOB NO
RELI002	6546	Net 30	P06064
DESCRIPTION			AMOUNT
Electrician:			
16 hrs @ \$65.00	\$1,040.00		
5% Profit	52.00		
Travel	260.00		
			\$1,352.00
System Specialist:			
12 hrs @ \$61.00	732.00		
15% Profit	109.80		
Travel	260.00		
			\$1,101.80
Total			\$2,453.80
Pay This Amount:			\$2,453.80

CONTROLS SERVICE REPORT

Project #: P04151

Service Ticket #:

Job Name: Champaign County Nursing Home
Address: _____

 Urbana, IL
Phone: _____ **Fax:** _____

Ticket #: 1609145283
Week Ending: 2/19/2006
Technician: S. O'Kraski
Employee ID: OKRAS300

	13-Feb-06	14-Feb-06	15-Feb-06	16-Feb-06	17-Feb-06	18-Feb-06	19-Feb-06
HOURS	MON	TUE	WED	THU	FRI	SAT	SUN
TYPE	R	R	R	R	R	R	R
CODE			SS				
AMT	0	0	8	0	0	0	0
TYPE	R	R	R	R	R	R	R
CODE							
AMT	0	0	0	0	0	0	0

TOTALS:

REG HRS: _____
TH HRS: _____
DT HRS: _____
Total Hours: 8

Total Mileage: 200

Part	Description	Qty	Cost

Office Use Only:
Agreement: _____
Billable: _____

Description of Problem and Work Performed:

2.15.06 sjo

I began reloading programming and device addresses to controllers and thermostats in wing 3. This work had to be done a second time due to the mold remediation work that required all of our stats in this wing to be taken off the wall and re-installed at a later date. I completed reloading all controllers in this wing. After reloading programming I re-checked all of the reheat coils to verify they still operated properly.

Signature: _____

CONTROLS SERVICE REPORT

Project #: P04151

Service Ticket #: _____

Job Name: Champaign County Nursing Home
Address: _____

 Urbana, IL
Phone: _____ **Fax:** _____

Ticket #: 1144247818
Week Ending: 2/5/2006
Technician: S. O'Kraski
Employee ID: OKRAS300

	30-Jan-06	31-Jan-06	01-Feb-06	02-Feb-06	03-Feb-06	04-Feb-06	05-Feb-06
HOURS	MON	TUE	WED	THU	FRI	SAT	SUN
TYPE	R	R	R	R	R	R	R
CODE		SS					
AMT	0	8	0	0	0	0	0
TYPE	R	R	R	R	R	R	R
CODE							
AMT	0	0	0	0	0	0	0

TOTALS

REG HRS: _____
TH HRS: _____
DT HRS: _____
Total Hours: 8

Total Mileage: 200

<u>Part</u>	<u>Description</u>	<u>Qty</u>	<u>Cost</u>

Office Use Only:
Agreement: _____
Billable: _____

Description of Problem and Work Performed: _____

1.31.06 sjo

I reloaded programming and device addresses to controllers and thermostats in wing 1. This work had to be done a second time due to the mold remediation work that required all of our stats in this wing to be taken off the wall and re-installed at a later date. After reloading programming, I re-checked all of the reheat coils to verify they still operated properly.

Signature: _____

J-HULICK ELECTRIC

1707 W. CHANUTE RD., STE. 3, PEORIA, IL 61615-1656
PH. 309-691-7960 • FAX 309-691-1532
APRIL 12, 2006

ENTEC SERVICES, INC.
ATTN: RYAN HARRIS
4300 S. ENTEC DRIVE
BARTONVILLE, IL. 61607

RE: CHAMPAIGN COUNTY NURSING HOME
OUR JOB NO. C894

TO REMOVE THERMOSTAT'S OFF WALLS IN WINGS 1 AND 3 BECAUSE OF
MOLD.

WEEK OF OCTOBER 10TH - 8 HRS. TO REMOVE

WEEK OF JANUARY 23RD, 2006 - 4HRS TO RE-INSTALL IN WING 1

WEEK OF FEBRUARY 6TH, 2006 - 4 HRS. TO RE-INSTALL IN WING 3

J-HULICK ELECTRIC, INC.
RAY WOZNIAK, V. PRES.

22222 4/12/06



GENERAL CONTRACTORS
INSTITUTIONAL
COMMERCIAL
INDUSTRIAL

Date: March 31, 2006

LETTER OF TRANSMITTAL

To: Champaign County Adm. Serv.
1776 E. Washington
Urbana, IL 61802

OBCI Job No.: 04909

Re: Champaign Cty. Nursing Home

Attention: Dennis Inman

We are sending you attached the following:

Copies	Date	Description
1		FWO # 25 invoice # 3974 and backup data billing # 3

Additional Remarks:

Copy To: FILE/UPS

Signed: *Alan Pride*



1788 HUBBARD AVE. DECATUR, IL 62526

www.ottobaumdecaturn.com

PH.: 217.876.1000 FAX: 217.876.1014



**OTTO BAUM
COMPANY, INC.**

C O N T R A C T O R S

DECATUR DIVISION

1788 Hubbard Ave.
Decatur, IL 62526

(217) 876-1000
Fax (217) 876-1014
www.ottobaumdecatur.com

Champaign County Administrative Services
1776 E. Washington
Urbana, IL 61802

INVOICE NO. **D 3974**

DATE 3-31-06

PROJECT Champaign County NUrs
Home

JOB NO. 04909	CHARGES	CREDIT	BALANCE
FWO # 25 - Billing No. 3 (1-25-06 to 2-17-06) NET AMOUNT DUE	34,369.65		\$34,369.65

TIME & MATERIAL BILLING SUMMARY

Date: March 31, 2006

OBC Job #: 04-909

FWO # 25-Billing # 3 (1-25-06 to 2-17-06)

A. LABOR SUMMARY

			Amount
1	Principal	Hours at \$ 84.70 per hour	\$ -
2	Estimator	Hours at \$ 45.60 per hour	\$ -
3	Project Manager	2 Hours at \$ 54.36 per hour	\$ 108.72
4	Clerical	Hours at \$ 28.35 per hour	\$ -
5	Superintendent	16 Hours at \$ 51.26 per hour	\$ 820.16
	Subcontractor supervision	Hours at \$ 51.26 per hour	\$ -
6	Carpenter		\$ -
	Foreman	Hours at \$ 49.35 per hour	\$ -
	Journeyman	Hours at \$ 46.57 per hour	\$ -
7	Laborer		\$ -
	Foreman	Hours at \$ 43.70 per hour	\$ -
	Journeyman	29 Hours at \$ 42.50 per hour	\$ 1,232.50
8	Teamster/Laborer	Hours at \$ 45.56 per hour	\$ -
9	Cement Finisher		\$ -
	Foreman	Hours at \$ 46.89 per hour	\$ -
	Journeyman	Hours at \$ 45.70 per hour	\$ -
10	Ironworker		\$ -
	Foreman	Hours at \$ 49.73 per hour	\$ -
	Journeyman	Hours at \$ 47.35 per hour	\$ -
11	Painter		\$ -
	Foreman	122 Hours at \$ 46.32 per hour	\$ 5,651.04
	Journeyman	387 Hours at \$ 44.73 per hour	\$ 17,310.51
12	Operator	Hours at \$ 48.30 per hour	\$ -
SUBTOTAL LABOR CHARGE			\$ 25,122.93
13	Equipment charges:		\$ -
14	Bonds, permits fees, other fees:		\$ 376.00
SUBTOTAL			\$ 25,498.93
CONTRACTOR FEE:			15.00%
MISC. SMALL TOOL ALLOWANCE:			1.5 % of above charges
			\$ 3,824.84
			\$ 439.86

TOTAL OF A.: \$ 29,763.63

B. SUBCONTRACTOR COSTS:

1	Total subcontractor billings:		\$ 3,021.00
	CONTRACTOR FEE:	5.00%	\$ 151.05

TOTAL OF B.: \$ 3,172.05

C. MATERIAL:

1	Total material billings:		\$ 1,246.93
	CONTRACTOR FEE:	15.00%	\$ 187.04

TOTAL OF C.: \$ 1,433.97

TOTAL BILLING: (A + B + C) \$ 34,369.65



Description of Work: 7 Tapers started in Wing 1, West Pod, coating walls. 5 of them split off after 9am to go into Wing 3 to start taping east + north pods. And prefill joints in west pod. 2 laborer scrapes what was left of Wing 1 north pod floors. Went thru wing 1 with Precision Bldrs to prep work what their put-back items are!

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	2		8 J	Bill Smith	8	
8 J	Chuck Mielzio	8		8 J	Max Neethery	8	
8 J	Greg Rany	8		8 J	Dave Bialeschki	6	
8 J	Roger Reynolds	8		3 J	Dunny Nichols	2	
8 J	Jeff Reynolds	8					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

to Baum Company, Inc.
 Supervisor Signature: Phillip Glosser

Owner/Contractor Name: Pa. P. Co. Inc 1-26-05

Owner/Contractor Authorization Signature: _____

Charge To: _____

Description of Work: 2 Tapers in Wing 1 west pod sanding walls, 4 Tapers in wing 3 East + North taping + beading room walls. Received more material from Nequer

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glossev	2		8 J	Max Neathery	8	
8 J	Chuck Miezio	8		8 J	Jeff Reynolds	5	
8 J	Roger Reynolds	8					
8 J	Greg Rainey	8					
8 J	Bill Smith	8					

Material Item Description	Source	Quantity	Unit	Price	Amount
Plus 3 lite Mud	Nequer	56	Pales		
Sandpaper 150		1	crtn		
Sandpaper		6	ea		
Ultra Bead		3	rolls		
Pert. Tape		1	case		
Equipment/Tools	Dust Mask 2000	1	box		

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes			
1	Superintendent	5	Ironworker
2	Carpenter	6	Teamster/Laborer
3	Laborer	7	Operator
4	Cement Finisher	8	Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization	
Field Order	Check
Backcharge	
Office Directed	
Owner Requested	

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Otto Baum Company, Inc.
 Supervisor Signature: Phillip Glossev

Owner/Contractor Name: _____
 Owner/Contractor Authorization Signature: 1-27-06 Tra [Signature]

Description of Work: 2 Tapers in Wing 2 South rooms Sanding + Touching up walls for final paint coat, They also sanded in Wing 1 west rooms pre paving for primer. 3 laborer - Scraped floors in Wing 2 South rooms, Wing 3 had 4 Tapers beading, taping, & bedding in the east, North, & Center rooms.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
8J	Chuck Miczio	8		8J	John Hall	8	
8J	Greg Rainey	8		8J			
8J	Bill Smith	8		3J	Denny Nichols	2	
8J	Roger Reynolds	8					
8J	Max Neathery	8					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	
Office Directed	
Owner Requested	

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Otto Baum Company, Inc.
 Supervisor Signature *Phillip Shon*

Owner/Contractor Name _____
 Owner/Contractor Authorization Signature 1-30-06 R.A. P. [Signature]

T & M Work Order No. FW025
 Date: 1/30/06
 Job#: 04909RB

Charge To: CCNH

Description of Work: 6 Tapers in Wing 3 east North + center bedding joints of walls
1 laborer cleaned up around tapers in wing 3

Labor			Time		Labor			Time	
Code	Name		Reg	O.T.	Code	Name	Reg	O.T.	
2 F	Phillip Glosser		1		8 J	Roger Reynolds	8		
3 J	Denny Nichols		3		8 J	Max Weatherly	8		
8 J	Chuck Muzzio		8		8 J	John Hall	8		
8 J	Greg Rainey		8						
8 J	Bill Smith		8						

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes	
1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter
J = Journeyman	F = Foreman
	A = Apprentice

Work Authorization	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Otto Baum Company, Inc.
 Supervisor Signature: *Phillip Glosser*
 Owner/Contractor Name: _____
 Owner/Contractor Authorization Signature: *1-31-06 [Signature]*

Description of Work 2 Tapers sanded touch ups in Wing 1 south rooms, then taping 3 with 4 other tapers to coat joints of walls in east, north, & center areas. Also bedding joints in wing 3 west rooms. 1 laborer scraped & swept in wing 1 south rooms. 1 more taper joined up in wing 3 after 11am

Labor			Time		Labor			Time	
Code	Name		Reg	O.T.	Code	Name	Reg	O.T.	
2 F	Phillip Glasser		1		8 J	Bill Smith	8		
3 J	Denny Nichols		2		8 J	Max Neathery	8		
8 J	Chuck Miezio		8		8 J	John Hall	8		
8 J	Greg Rainey		8		8 J	Dave Bialeschki	4		
8 J	Roger Reynolds		8						

Material Item Description	Source	Quantity	Unit	Price	Amount
UltraFlo Corner 325	Neqwer	2	Rolls		

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Otto Baum Company, Inc.
 Supervisor Signature Phillip Glasser

Owner/Contractor Name _____
 Owner/Contractor Authorization Signature 2-1-06 R.A. [Signature]

T & M Work Order No. FW025

Date: 2/1/06

Job#: 04909R

Charge To: CCNA

Description of Work: Trapers in wing 3 coating walls in east north & center rooms. Also bedding joints at wing 3 west rooms

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glasser	2		8 J	Max Neathery	8	
8 J	Chuck Micelio	8		8 J	John Hall	8	
8 J	Greg Rainey	8		8 J	Dave Bialeschki	5	
8 J	Roger Reynolds	8					
8 J	Bill Smith	8					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Otto Baum Company, Inc.
 Supervisor Signature Phillip Glasser

Owner/Contractor Name _____
 Owner/Contractor Authorization Signature 2-2-06 Ric. P. [Signature]

Charge To: CCNH

Description of Work: 7 Tapers final coating walls in Wing 3 east, North, + Center rooms, and 2nd coating of walls in wing 3 west rooms.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	2		8 J	Max Neathery	8	
8 J	Chuck Mirzio	8		8 J	Bill Smith	4	
8 J	Greg Rainey	8		8 J	Dave Bialeschki	4	
8 J	Roger Reynolds	8					
8 J	John Hall	8					

Material Item Description	Source	Quantity	Unit	Price	Amount

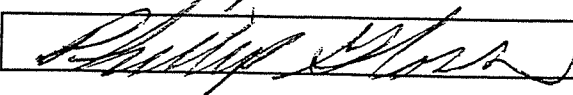
Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub-Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.
<u>Precision Builders</u>	<u>2 men</u>		

Labor Codes	
1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter
J = Journeyman	F = Foreman
	A = Apprentice

Work Authorization	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only	
	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Otto Baum Company, Inc.
 Supervisor Signature: 

Owner/Contractor Name: _____

Owner/Contractor Authorization Signature: 2-3-06 R.A. [Signature]

T & M Work Order No. FW025

Date: 2/3/06

Job#: 04009R

Charge To: CCNH

Description of Work: 7 Tapers Sanded + Touched up wing 3 east, North, & center rooms, then into west rooms to continue coating walls

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	2		8 J	Max Neathery	8	
8 J	Chuck Mizio	8		8 J	Bill Smith	5	
8 J	Breg Rainey	8		8 J	Dave Bialeschki	5	
8 J	John Hall	8					
8 J	Roger Reynolds	8					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.
<u>Precision: 1 man Doors</u>		

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Otto Baum Company, Inc.
 Supervisor Signature: Phillip Glosser

Owner/Contractor Name: _____
 Owner/Contractor Authorization Signature: 2-3-06 [Signature]

T & M Work Order No. FW025

Date: 2/6/06

Job#: 04909R

Charge To: CCNA

Description of Work 2 Tappers Touched up + sanded walls, in wing 3 east + North + center rooms, ahead of Barbers painters. Then they went into wing 3 west rooms to continue the coating of the wall joint

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
8J	Chuck Muzzio	8					
8J	John Hall	8					

Material

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools

	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Otto Baum Company, Inc.
 Supervisor Signature *Philip Cross*

Owner/Contractor Name _____
 Owner/Contractor Authorization Signature *Alan Reinhart 2/7/06*

T & M Work Order No. FWO25
 Date: 2/7/06
 Job#: 04909R

Charge To: CCN

Description of Work: 3 Tapers in Wing 3 coating walls of rooms in the west Pod
Phill had progress meeting today

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	2					
8 J	Chuck Muehle	8					
8 J	Greg Rainey	8					
8 J	John Hall	8					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Otto Baum Company, Inc.
 Supervisor Signature: *Phillip Glosser*

Owner/Contractor Name: _____

Owner/Contractor Authorization Signature: 2-8-06 *R. J. ...*

Charge To: CCNH

Description of Work: 3 Taper final coating wall in wing 3 west rooms + touch up wall in W3 center area rooms. Also touch up walls in wing 2 west. 2 laborers scraped floors + swept up in wing 2 west rooms.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
8J	Chuck Mizzio	8					
8J	Greg Ramey	8					
8J	John Hall	8					
3J	Denny Nichols	5					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

- Labor Codes**
- 1 Superintendent
 - 2 Carpenter
 - 3 Laborer
 - 4 Cement Finisher
 - 5 Ironworker
 - 6 Teamster/Laborer
 - 7 Operator
 - 8 Painter
- J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	
Office Directed	
Owner Requested	

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Otto Baum Company, Inc.
 Supervisor Signature: *Philip Shea*

Owner/Contractor Name: _____
 Owner/Contractor Authorization Signature: *2-9-06 [Signature]*

T & M Work Order No. FWO 23

Date: 2/9/06

Job#: 0490TR

Charge To: CCNIV

Description of Work: 3 Tapers Sanding in Wing 3 West Rooms. Touching up walls thru-out wing 3 for Borker Painters

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
8J	Chuck Minzid	8					
8J	Greg Rainey	8					
8J	John Hall	8					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	
Office Directed	
Owner Requested	

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Otto Baum Company, Inc.
 Supervisor Signature [Signature]

Owner/Contractor Name _____
 Owner/Contractor Authorization Signature 2-9-06 R.A. Pitzer JR

T & M Work Order No. FW025

Date: 2/13/06

Job#: 04909RE

Charge To: CCNH

Description of Work 2 Taper started touch-ups # 10, WING 3, for Painter
2 laborer scraped drywall mud from floors in wing 2 + wing 3

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	1					
8 F	Deivan Bowman	6					
3 J	Denny Nichols	4					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Otto Baum Company, Inc.
 Supervisor Signature Phillip Glosser

Owner/Contractor Name _____
 Owner/Contractor Authorization Signature 2-16-06 R. A. [Signature]

Description of Work: 1 Taper Cont. touch in wing 2 + 3 for painter
2 laborer moved items around in Hallways & activity rooms, in
both wings 2 + 3, and cont. w/ floor scraping. Had our Progress
mtg today.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
2 F	Phillip Glosser	1					
8 F	Delvan Bowman	6					
3 J	Denny Nichols	6					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

Field Order	Check
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Otto Baum Company, Inc.
 Supervisor Signature Phillip Glosser

Owner/Contractor Name _____
 Owner/Contractor Authorization Signature 2-14-06 R. A. [Signature]

Charge To: CCNH

Description of Work 1 TAPER CONT TOUCH UP OF WALLS + CEILING IN WING 3
2 LABORER FINISHED SCRAPING FLOORS IN THE ROOMS THEN STARTED DUSTING
OFF THE WOOD TRIMS.

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
3 F	Delvan Bowman	6					
3 J	Denny Nichols	5					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Otto Baum Company, Inc.
 Supervisor Signature Philip Glass

Owner/Contractor Name _____
 Owner/Contractor Authorization Signature J-16-06 P. A. H. Jr.

Charge To: CLIN

Description of Work: 1 TAPE IN WING 3 TOUCHING UP WALLS + CEILING

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
8 F	Dejuan Bowman	4	4				

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time	
Subcontractor Name	Supervisor Name	Reg	O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Otto Baum Company, Inc.
 Supervisor Signature: [Signature]

Owner/Contractor Name: _____
 Owner/Contractor Authorization Signature: [Signature]

Description of Work: 1 taper finished touchups of walls & ceilings in wing 3

Labor		Time		Labor		Time	
Code	Name	Reg	O.T.	Code	Name	Reg	O.T.
8F	DeLuan Rowman	4					

Material Item Description	Source	Quantity	Unit	Price	Amount

Equipment/Tools	Hours	Price	Amount

Subcontractor	OBCI Sub Coordination & Supervision	Time
Subcontractor Name	Supervisor Name	Reg O.T.

Labor Codes

1 Superintendent	5 Ironworker
2 Carpenter	6 Teamster/Laborer
3 Laborer	7 Operator
4 Cement Finisher	8 Painter

J = Journeyman F = Foreman A = Apprentice

Work Authorization

	Check
Field Order	<input type="checkbox"/>
Backcharge	<input type="checkbox"/>
Office Directed	<input type="checkbox"/>
Owner Requested	<input type="checkbox"/>

Office Use Only

	Amount
Labor Cost	\$
Material Cost	\$
Equipment	\$
Subcontractor	\$
Labor/material/equip M.U.	\$
Subcontractor M.U.	\$
Misc. Small Tool % M.U.	\$
Total	\$

Otto Baum Company, Inc.
 Supervisor Signature: [Signature]

Owner/Contractor Name: _____
 Owner/Contractor Authorization Signature: [Signature]



- BELLEVILLE, IL 618-235-4410
- BLOOMINGTON/NORMAL, IL 309-452-6451
- CHAMPAIGN/URBANA, IL 217-344-8845
- CHATHAM, IL 217-483-3112
- COLUMBIA, MO 573-817-2727
- DECATUR, IL
- PEORIA, IL
- SPRINGFIELD, IL
- ST. LOUIS, MO
- TOLL FREE
- 217-875-7227
- 309-692-5556
- 217-544-4674
- 314-522-0579
- 800-456-6540

Document: Invoice

JAN 3 | 2006

Invoice Date: 01/27/06
 Order #: 730462-00
 Page #: 1
 PO Date: 01/26/06
 PO #:
 Tax Exempt - II

Order #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 905RB
 Champaign, IL

Correspondence To: Megger Materials, Inc.
 49 Airport Road

St. Louis, MO 63135-1998

OTTO BALM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions: Tax Exempt - II
 Ship Point: Champaign/Urbana Yard
 Placed By:
 Via: Boom Truck
 Shipped: 01/27/06
 Terms: 2% 10/n-EDFIT

Ship to: Dept. 255, Box 790044, St. Louis 63179-0044

Product And Description	UFC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. Unit	Unit Price	Price Unit	Discount Multiplier	Amount (Net)
SALES TAX IS FOR LINES 2 AND 3 ONLY. TOOLS AND ACCESSORIES ARE TAXABLE.									
USG3		56	0	56	PAIL	13.06576	PAIL	0.00	731.68
USG PLUS 3 READY MIX 4.5 GAL/PAIL									
SFF150		1	0	1	CTN	22.50	CTN	0.00	22.50
SANDPAPER FILM BACKED 3-5/16" X 11" 80 MICRON									
385		6	0	6	EACH	1.40	EACH	0.00	8.40
TRIM-TEX ANGLED SAND SPONGE FINE/MED 24FC/CTM									
35-ULT325		3	0	3	ROLL	29.45	ROLL	0.00	88.35
RABBER ULTRA FLEX 325 CORNER TAPE 100' ROLL									
1AT		1	0	1	CTN	37.04060	CTN	0.00	37.04
VERF-A-TAPE 20/CTM 2-1/16" X 250'									
1210-PLUS		1	0	1	BOX	18.04	BOX	0.00	18.04
1UST MASK 3M #8210 PLUS OSHA APP. 20FC/BOX									

Lines Total Qty Shipped Total 68 ✓ 14253 Total 906.01
 Taxes 2.02
 Invoice Total 908.03

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

AMT: 908.03
 JOB#: 04.909
 C.C#: 89250
 CAT: M
 ACCT.: 504
 OK: DW

Age Cash Discount 18.12 If Paid By: 02/10/06



Legwer Materials, Inc.

- BELLEVILLE, IL
- BLOOMINGTON/NORMAL, IL
- CHAMPAIGN/URBANA, IL
- CHATHAM, IL
- COLUMBIA, MO

- 618-235-4410
- 309-452-6451
- 217-344-8845
- 217-483-3112
- 573-817-2727

- DECATUR, IL
- PEORIA, IL
- SPRINGFIELD, IL
- ST. LOUIS, MO
- TOLL FREE

- 217-875-7227
- 309-692-5556
- 217-544-4674
- 314-522-0579
- 800-456-6540

Document: Invoice

FEB 6 2006

Invoice Date	01/31/06	Order #	730544-00
PD Date	01/31/06	PD #	
Tax Exempt - II		Page #	1

Cust #: 20943
 Ship To: Champaign County Nursing Home
 1701 East Main
 RB JOB
 Champaign, IL

Correspondence To: Legwer Materials, Inc.
 49 Airport Road
 St. Louis, MO 63135-1998

OTTO BAUM & SONS INC
 1788 HUBBARD AVENUE
 P O BOX 3488
 DECATUR IL 62524-3488

Instructions	Placed By:		
Tax Exempt - II			
Ship Point	Via	Shipped	Terms
Champaign/Urbana Yard	Counter Sale	01/31/06	2% 10/n-EDFM

Remit to: Dept. 255, Box 790044, St. Louis 63179-0044

Product Ln# And Description	UFC Item#	Quantity Ordered	Quantity B.O.	Quantity Shipped	Qty. UM	Unit Price	Price UM	Discount Multiplier	Amount (Net)
1 qs-ult325 GRABBER ULTRA FLEX 325 CORNER TAPE 100' ROLL		2	0	2	ROLL	29.45	ROLL	0.00	58.90
1 Lines Total				Qty Shipped Total	2		Total		58.90
							Invoice Total		58.90

 Terms- 2% discount available on a month's invoices until the 10th of the following month; net payment is due at the end of that month. Discount amount is at bottom of invoice.

AMT: _____
 JOB# 04-909
 C.O.# 89250
 CAT _____
 ACCT. _____
 OK 2/1

(217) - 543-2529
P.O. BOX 258

ROUTE 133 EAST



ARTHUR, IL 61911

FEB 27 2006

SOLD TO Otto Baum

SHIP TO _____

DATE	SALESMAN	OUR ORDER NO.	YOUR ORDER NO.	TERMS	SHIP VIA	
2-10-06	Elme					
QUANTITY ORDERED	QUANTITY SHIPPED	DESCRIPTION			UNIT PRICE	AMOUNT
		7 Weeks tool Rent 40.00/week				280.00
		CCNH04909R				
		AMT.				
		JOB# 04.909				
		C.C.# 89250				
		CAT				
		ACCT.				

OK 2 1/2

DUPLICATE

PRECISION BUILDERS&ASSOC INC

RR1 BOX 107
WINDSOR, IL 61957

Invoice

FEB 27 2006

Date	Invoice #
2/24/2006	396

Bill To
OTTO BAUM COMPANY, INC. 1788 HUBBARD AVENUE DECATUR, IL 62526

P.O. No.	Terms
FWO#25	Net 30

Quantity	Description	Rate	Amount
29	Carpentry Labor to reinstall doors, casework, vanities, bath accessories for mold remediation work @ W1 Work Authorizations 1232,1233,1234,1235,1236 Project: Champaign County Nursing Home Urbana, IL	57.00	1,653.00
		#	
		AMT.	
		JOB#	
		C.C.#	
		GAT	
		ACCT.	
		OK	

Total	\$1,653.00
Payments/Credits	\$0.00
Balance Due	\$1,653.00

Phone #	Fax #	E-mail	Web Site
217-459-2800	217-459-2811	precisionbldr89@aol.com	www.precisionbuilders-inc.com

PRECISION BUILDERS&ASSOC INC

RR1 BOX 107
WINDSOR, IL 61957

Invoice

Date	Invoice #
2/28/2006	390

Bill To
OTTO BAUM COMPANY, INC. 1788 HUBBARD AVENUE DECATUR, IL 62526

P.O. No.	Terms
FWO#25	Net 30

Quantity	Description	Rate	Amount
8	Carpentry Labor to reinstall vanities/vanity tops in Wings 1 & 3 Work Authorization 1237 Project: Champaign County Nursing Home Urbana, IL	57.00	456.00
		Total	\$456.00
		Payments/Credits	\$0.00
		Balance Due	\$456.00

Phone #	Fax #	E-mail	Web Site
217-459-2800	217-459-2811	precisionbldr89@aol.com	www.precisionbuilders-inc.com

PRECISION BUILDERS&ASSOC INC

RR1 BOX 107
WINDSOR, IL 61957

Invoice

Date	Invoice #
3/1/2006	391

Bill To
OTTO BAUM COMPANY, INC. 1788 HUBBARD AVENUE DECATUR, IL 62526

P.O. No.	Terms
FWO#25	Net 30

Quantity	Description	Rate	Amount
6	Carpentry Labor to re-swing doors in Wing 3 Work Authorization 1238 Project: Champaign County Nursing Home Urbana, IL	57.00	912.00

Total	\$912.00
Payments/Credits	\$0.00
Balance Due	\$912.00

Phone #	Fax #	E-mail	Web Site
217-459-2800	217-459-2811	precisionbldr89@aol.com	www.precisionbuilders-inc.com

Contractor/ Subcontractor Request for Proposal Breakdown Summary

FWO INFORMATION

PROJECT: Champaign County Nursing Home
 FWO NO: 31
 FWO DATE: December 2005
 CONTRACTOR: Coleman Electrical Service, Inc.

DESCRIPTION OF CHANGE

Remediation - December 2005

SUMMARY OF DETAILED BREAKDOWN

	<u>ADDITIONS</u>	<u>DELETIONS</u>	<u>NET TOTAL</u>
A. MATERIAL	\$ 188.31	\$ -	\$ 188.31
B. LABOR	\$ 5,192.64	\$ -	\$ 5,192.64
C. OTHER	\$ -	\$ -	\$ -
D. NET TOTAL	(Lines A + B + C)		\$ 5,380.95
E. OVERHEAD AND PROFIT	(Line D X 15%; If Net Total Is Credit, Then 5%)		\$ 807.14
F. SUBTOTAL, CONTRACTOR	(Lines D + E)		\$ 6,188.09

CONTRACTOR'S MARKUP ON WORK OF SUBCONTRACTORS

<u>SUBCONTRACTOR: Firm Name</u>	<u>CONTRACT WORK: Description</u>	<u>PROPOSAL</u>
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
G. SUBTOTAL (of all work performed by the contractor's subcontractors)		\$ -
H. CONTRACTOR'S MARK-UP (on work of subcontractor's)(Line G X 5%; If Subtotal Is Credit, Then 0%)		\$ -
I. SUBTOTAL, SUBCONTRACTORS	(Lines G + H)	\$ -

PROPOSAL

J. WORK PERFORMED BY CONTRACTOR AND SUBCONTRACTORS (Lines F + I)	\$	6,188.09
K. INSURANCE, BOND AND TAXES (enter % here) 2.00%	\$	123.76
L. TOTAL, REQUEST FOR PROPOSAL (Lines I + J)	\$	6,311.85

The request for proposal will **Increase** (decrease) the contract amount.

This work to be accomplished in _____ calendar days.

This work will increase (decrease) the contract completion date by _____ calendar days.

CONTRACTORS SIGNATURE 

TITLE: PRESIDENT

DATE: March 23, 2006

013-0396

**CHANGE ORDER PROPOSAL
SUMMARY COMPUTATIONS**

PROJECT NAME Champaign County Nursing Home

CONTRACTOR Coleman Electrical Service, Inc.

DATE March 23, 2006

PROJECT NO. 203035

FWO NO. 31

A. MATERIAL

1. Rough Material \$ 188.31 + Freight \$ - = \$ 188.31

2. Purchased Equipment (Quotations must be attached)

a.	_____	\$ -
b.	_____	\$ -
c.	_____	\$ -
d.	_____	\$ -

Total Equipment Costs	\$ -
TOTAL MATERIAL COSTS	\$ <u>188.31</u>

B. LABOR

			HOURS		RATE	
1. TRADE	<u>Electrical</u>	Journeyman	<u>100</u>	x	<u>\$48.84</u>	= \$ <u>4,884.00</u>
		Foreman	<u>6</u>	x	<u>\$51.44</u>	= \$ <u>308.64</u>
		Gen. Foreman	<u>0</u>	x	<u>\$54.03</u>	= \$ <u>-</u>
2. TRADE	<u>Electrical</u>	Journeyman	<u>0</u>	x	<u>\$48.84</u>	= \$ <u>-</u>
		Foreman	<u>0</u>	x	<u>\$51.44</u>	= \$ <u>-</u>
		Gen. Foreman	<u>0</u>	x	<u>\$54.03</u>	= \$ <u>-</u>
3. TRADE	_____	Journeyman	_____	x	_____	= \$ <u>-</u>
		Foreman	_____	x	_____	= \$ <u>-</u>
		Gen. Foreman	_____	x	_____	= \$ <u>-</u>
TOTAL LABOR COSTS						\$ <u>5,192.64</u>

C. OTHER COSTS

1. Bonds	<u>\$ 123.76</u>	6	_____
2. Builder's Risk Insurance	_____	7	_____
3. Expendable Tools	_____	8	_____
4. Rental Tools	_____	9	_____
5. Coordination / Shop Drawings	_____	10	_____

TOTAL OTHER COSTS \$ 123.76

Champaign County Nursing Home - Remediation Work

FWO 31

Materials

QTY	DESCRIPTION	Ext Cost
1	4' Flour. Lamp Socket	\$4.52
10	Toggler Wing	\$1.96
10	Toggler Screw	\$2.23
10	Yellow Wirenuts	\$0.60
10	Red Wirenuts	\$0.88
85	3/4" 1 Hole Strap	\$27.20
9	1/2" PVC to Ridgid Adapter	\$3.33
8	3/4" PVC to Ridgid Adapter	\$4.72
9	1/2" EMT Connectors	\$10.80
8	3/4" EMT Connectors	\$13.32
21	3/4" ENT Smurf Connectors	\$58.78
13	1/2" ENT Smurf Connectors	\$18.80
3	3/4" ENT Smurf Coupling	\$4.05
1	1/2" ENT Smurf Coupling	\$1.03
26	3/4" PVC Male Connectors	\$16.64
7	1/2" PVC Male Connectors	\$2.62
1	Fire Caulk	\$16.83
		\$188.31

Labor

	Hours	Hours
120105 Bill Becker		2.00
John Dorst	8.00	
Kyle Mahannah	8.00	
Bill Shaffer	8.00	
Bill Buesing	6.00	
120205 Bill Becker		2.00
John Dorst	8.00	
Kyle Mahannah	8.00	
Bill Shaffer	8.00	
Bill Buesing	8.00	
120505 Bill Becker		2.00
John Dorst	8.00	
Kyle Mahannah	8.00	
Bill Shaffer	7.50	
Bill Buesing	7.50	
120605 Bill Becker		0.00
John Dorst	2.00	
Kyle Mahannah	2.00	
Bill Shaffer	1.50	
Bill Buesing	1.50	


100.00	6.00
JM	FM

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemanes@net66.com

Co/Ewa/Tm Record

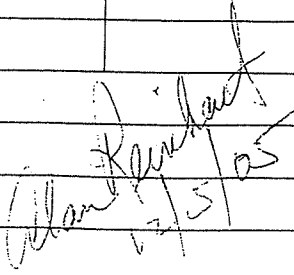
Date/Number
12-1-05

Electrician	Project / Job	Hours	Overtime	Authorization
BILL BECKER		2		
JOHN D		8		
KYLE M		8		
BILL SHAPER		8		
BILL BUESING		6		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: 
 Completed: Yes No

Description REPAIRING + REHANGING BROKEN SMURF TUBE AND EMT ATTIC W-1. REPELLING WIRE + TERMINATING WHERE NECESSARY
 FNO 31

Address
Remediation

Counter Materials		
Date	Vendor	Ticket No. or P.O. Number
7/	4" FLOUR. LAMP SOCKET	
10-	TOGGERS W/ SCREW + WASHER	
10-	YELLOW WIRE NUTS	
10-	RED WIRE NUTS	
Additional Materials		
Quantity	Material	
45	3/4" 1 HOLE STRAPS	 12/5/05
6	1/2" PVC TO RIGID ADAPTER	
4	3/4" PVC TO RIGID ADAPTER	
6	1/2" EMT CONNECTORS	
4	3/4" EMT CONNECTORS	
21	3/4" SMURF CONNECTORS	
13	1/2" SMURF CONNECTORS	

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemanes@net66.com

CO/Ewa/TH/100000

Date/Number

12-02-05

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		2		
JOHN D		8		
KYLE M		8		
SHAFFER		8		
BUESING		8		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: R. Alan Pickett
 Completed: Yes No 12/5/05

Description **REPAIRING + REHANGING BROKEN STRUCTURE AND
 EMT, PULLING WIRE + TERMINATING WHERE NECESSARY**
FWO 31

Address
Remediation

Counter Materials		Ticket No. or P.O. Number
Date	Vendor	

Additional Materials	
Quantity	Material

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net66.com

Co/Ewa/Tm Record

Date/Number

12-5-05

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		2		
JOHN D		8		
KYLE M		8		
SHAFER		7 1/2		
BUESING		7 1/2		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description REPAIR + REPLACE BROKEN CANNOT EMT + EMT REWIRE
WHERE NECESSARY FOR MOLD REMEDIATION W-3 A#12
 Remediation Fwd 31

Address

Counter Materials		
Date	Vendor	Ticket No. or P.O. Number
Additional Materials		
Quantity	Material	

[Handwritten Signature]

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemanes@net66.com

Co/Ewa/Tm Record

Date/Number
12-6-05

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		0		
JOHN D		2		
KYLE M		2		
SHAFFER		1 1/2		

BUESIAL

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description REPAIR, REHANG BROKEN EMT & ENT REWIRE +
 TERMINATE WHERE NECESSARY W-3 ATIC (MOLD REMEDIATION)

Remediation

FWD-31

Address

Counter Materials

Date	Vendor	Ticket No. or P.O. Number
26	3/4" PVC CONNECTORS	
7	1/2" PVC CONNECTORS	
4	3/4" EMT CONNECTORS	

Additional Materials

Quantity	Material
3	1/2" EMT CONNECTORS
4	3/4" RIDGID TO PVC ADAPTER
3	1/2" RIDGID TO PVC ADAPTER
3	3/4" SMURF COUPLING
1	1/2" SMURF COUPLING
40	3/4" 1 HOLE STRAPS

1 TUBE FIRE CAULK

R. A. PAT ©p.rev1100

Coleman Electrical Service

311 North Street, P.O. Box 179, Mansfield, IL 61854
 Phone: 217-489-2611 Fax: 217-489-9313

TO: Champaign County Administrator Services
1776 East Washington
Urbana, IL 61802
Attn: Denny Inman

DATE

PROJECT:

4/5/2006

Champaign County Nursing Home
 REFERENCE:

Gentlemen / Ladies:

FWO 31

We are sending you:

- | | | |
|---|--|---|
| <input type="checkbox"/> Copy of Letter | <input checked="" type="checkbox"/> Attached | <input type="checkbox"/> Shop Drawings |
| <input type="checkbox"/> Change Order | <input type="checkbox"/> Prints | <input type="checkbox"/> Product Data |
| <input type="checkbox"/> Other | <input type="checkbox"/> Plans | <input type="checkbox"/> Specifications |
| <input type="checkbox"/> Pay Request | <input type="checkbox"/> Submittals | <input type="checkbox"/> Under separate cover via the following |

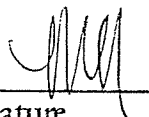
Copies	Date	No.	Description
1	04/05/06		Partial FWO 31 - January 2006 Work

These are Transmitted as Marked Below:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> For Approval | <input type="checkbox"/> For Quote | <input type="checkbox"/> For Review and Comment |
| <input checked="" type="checkbox"/> For Your Use | <input type="checkbox"/> For Bids Due | <input type="checkbox"/> Resubmit _____ copies for approval |
| <input checked="" type="checkbox"/> As Requested | <input type="checkbox"/> For Return of Deposit | <input type="checkbox"/> Submit _____ copies for distribution |
| <input type="checkbox"/> Returned for Corrections | <input type="checkbox"/> Approved as Noted | <input type="checkbox"/> Other |

Comments:

Copy / Copies to:

Michelle Nordman 
 Signature

Contractor/ Subcontractor Request for Proposal Breakdown Summary

FWO INFORMATION	
PROJECT: Champaign County Nursing Home	
FWO NO: 31	
FWO DATE: January 2006	
CONTRACTOR: Coleman Electrical Service, Inc.	

DESCRIPTION OF CHANGE
Remediation - January 2006

SUMMARY OF DETAILED BREAKDOWN				
	ADDITIONS	DELETIONS	NET TOTAL	
A. MATERIAL	\$ 66.94	\$ -	\$ 66.94	
B. LABOR	\$ 4,099.78	\$ -	\$ 4,099.78	
C. OTHER	\$ -	\$ -	\$ -	
D. NET TOTAL	(Lines A + B + C)		\$ 4,166.72	
E. OVERHEAD AND PROFIT	(Line D X 15%; If Net Total Is Credit, Then 5%)		\$ 625.01	
F. SUBTOTAL, CONTRACTOR	(Lines D + E)		\$ 4,791.73	


CONTRACTOR'S MARKUP ON WORK OF SUBCONTRACTORS		
SUBCONTRACTOR: Firm Name	CONTRACT WORK: Description	PROPOSAL
1		\$ -
2		\$ -
3		\$ -
4		\$ -
5		\$ -
G. SUBTOTAL (of all work performed by the contractor's subcontractors)		\$ -
H. CONTRACTOR'S MARK-UP (on work of subcontractor's)(Line G X 5%; If Subtotal Is Credit, Then 0%)		\$ -
I. SUBTOTAL, SUBCONTRACTORS	(Lines G + H)	\$ -

PROPOSAL	
J. WORK PERFORMED BY CONTRACTOR AND SUBCONTRACTORS (Lines F + I)	\$ 4,791.73
K. INSURANCE, BOND AND TAXES (enter % here) 2.00%	\$ 95.83
L. TOTAL, REQUEST FOR PROPOSAL (Lines I + J)	\$ 4,887.56

The request for proposal will Increase (decrease) the contract amount.

This work to be accomplished in _____ calendar days.

This work will increase (decrease) the contract completion date by _____ calendar days.

CONTRACTORS SIGNATURE 

TITLE: PRESIDENT

DATE: April 5, 2006

013-0396

**CHANGE ORDER PROPOSAL
SUMMARY COMPUTATIONS**

PROJECT NAME Champaign County Nursing Home

CONTRACTOR Coleman Electrical Service, Inc.

DATE April 5, 2006

PROJECT NO. 203035

FWO NO. 31

A. MATERIAL

1. Rough Material \$ 66.94 + Freight \$ - = \$ 66.94

2. Purchased Equipment (Quotations must be attached)

a.	_____	\$ -
b.	_____	\$ -
c.	_____	\$ -
d.	_____	\$ -

Total Equipment Costs \$ -

TOTAL MATERIAL COSTS \$ 66.94

B. LABOR

			HOURS		RATE	
1. TRADE	<u>Electrical</u>	Journeyman	<u>45.5</u>	x	<u>\$48.84</u>	= \$ <u>2,222.22</u>
		Foreman	<u>36.5</u>	x	<u>\$51.44</u>	= \$ <u>1,877.56</u>
		Gen. Foreman	<u>0</u>	x	<u>\$54.03</u>	= \$ <u>-</u>
2. TRADE	<u>Electrical</u>	Journeyman	<u>0</u>	x	<u>\$48.84</u>	= \$ <u>-</u>
		Foreman	<u>0</u>	x	<u>\$51.44</u>	= \$ <u>-</u>
		Gen. Foreman	<u>0</u>	x	<u>\$54.03</u>	= \$ <u>-</u>
3. TRADE	_____	Journeyman	_____	x	_____	= \$ <u>-</u>
		Foreman	_____	x	_____	= \$ <u>-</u>
		Gen. Foreman	_____	x	_____	= \$ <u>-</u>
TOTAL LABOR COSTS						\$ <u>4,099.78</u>

C. OTHER COSTS

1. Bonds	<u>\$ 95.83</u>	6	_____
2. Builder's Risk Insurance	_____	7	_____
3. Expendable Tools	_____	8	_____
4. Rental Tools	_____	9	_____
5. Coordination / Shop Drawings	_____	10	_____

TOTAL OTHER COSTS \$ 95.83

Champaign County Nursing Home - Remediation Work
FWO 31

Materials

QTY	DESCRIPTION	Ext Cost
48	GE100A-120V	\$53.54
1	4' Tube	\$5.45
1	3-Way Switch	\$7.95
		\$66.94

Labor

	Hours	Hours
1/12/2006 Bill Becker		3.00
John Dorst	4.00	
Kyle Mahannah	4.00	
1/13/2006 Kyle Mahannah	3.00	
John Dorst	3.00	
1/19/2006 Bill Becker		7.00
Bill Buesing	8.00	
1/20/2006 Bill Becker		6.00
Bill Buesing	4.00	
1/23/2006 Bill Becker		2.00
Bill Buesing	3.50	
1/25/2006 Bill Becker		5.00
1/26/2006 Bill Becker		6.50
Bill Buesing	8.00	
1/27/2006 Bill Becker		7.00
Bill Buesing	8.00	
	45.50	36.50
	JM	FM

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net66.com

Co/Ewa/Tm Record ✓

Date/Number
1-12-06

Electrician	Project / Job	Hours	Overtime	Authorization
BILL B		3		
JOHN		4		
KYLE		4		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description REMOUNTED PLYWOOD AT COMM CLOSET
 REHUNG FD # NURSE CALL CONTROL PANELS / REWIRED
 REMEDIATION

Address

Counter Materials

Date	Vendor	Ticket No. or P.O. Number

Additional Materials

Quantity	Material

[Handwritten Signature]

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net66.com

Co/Ewa/Tm Record ✓

Date/Number
1-13-06

Electrician	Project / Job	Hours	Overtime	Authorization
Kyle		3		
JOHN		3		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description REINSTALL FLY WOOD, NURSE CALL PANEL & FIRE ALARM PANEL.
 REPAIR AND PULLED 1200 TO 707 ROOM
 REMEDIATION

Address

Counter Materials

Date	Vendor	Ticket No. or P.O. Number

Additional Materials

Quantity	Material
1	CASE LIGHT BULBS INCANDESCENT
1	4' TUBE
	1-23-06 [Signature]

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net66.com

Co/Ewa/Tm Record ✓

Date/Number
 1-19-06

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		7		
BUESING		8		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description W-1 SOUTH REINSTALLING DEVICES + TRIM OUT
 REMEDIATION

Address

Counter Materials		
Date	Vendor	Ticket No. or P.O. Number

Additional Materials	
Quantity	Material
1	3-WAY SWITCH
	1-23-06 P. a. J. J. J.

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net66.com

Co/Ewa/Tm Record ✓

Date/Number
1-23-06

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		2		
BUESINK		3/2		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description REINSTALL DEVICES CENTER CORE
 REMEDIATION

Address

Counter Materials		
Date	Vendor	Ticket No. or P.O. Number

Additional Materials	
Quantity	Material
	1-23-06 P.a Ptg - fr

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemanesic@net66.com

Co/Ewa/Tm Record ✓

Date/Number
1-25-06

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		5		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: Alan Ruskoff 1/26/06
 Completed: Yes No

Description RE INSTALLING DEVICES + FIXTURES W-1 NORTH
REMEDIATION

Address

Counter Materials		
Date	Vendor	Ticket No. or P.O. Number

Additional Materials	
Quantity	Material

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net06.com

Co/Ewa/Tm Record ✓

Date/Number
1-26-06

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		6 1/2		
BUESING		8		

Approved Co: Yes No Time/Material: Yes No
 Authorized Ewa: Yes No Quoted: Yes No
 Verbal Authorization: Yes No Authorized by: Alan Reinhart 1/26/06
 Completed: Yes No

Description REINSTALL DEVICES + FIXTURES W-1 NORTH
REINSTATE

Address

Counter Materials		
Date	Vendor	Ticket No. or P.O. Number

Additional Materials	
Quantity	Material

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemanes@net66.com

Co/Ewa/Tm Record

Date/Number
1-27-06

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		7		
BUESING		8		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description W-1 NORTH & CENTER AREA REINSTALL DEVICES +
FIXTURES
REMEDIAL

Address

Counter Materials		
Date	Vendor	Ticket No. or P.O. Number
1-31-06	<u>P.A. Kelly</u>	

Additional Materials	
Quantity	Material

Contractor/ Subcontractor Request for Proposal Breakdown Summary

FWO INFORMATION

PROJECT: Champaign County Nursing Home
 FWO NO: 31
 FWO DATE: February 2006
 CONTRACTOR: Coleman Electrical Service, Inc.

DESCRIPTION OF CHANGE

Remediation - February 2006

SUMMARY OF DETAILED BREAKDOWN

	<u>ADDITIONS</u>	<u>DELETIONS</u>	<u>NET TOTAL</u>
A. MATERIAL	\$ 409.13	\$ -	\$ 409.13
B. LABOR	\$ 5,757.00	\$ -	\$ 5,757.00
C. OTHER	\$ -	\$ -	\$ -
D. NET TOTAL	(Lines A + B + C)		\$ 6,166.13
E. OVERHEAD AND PROFIT	(Line D X 15%; If Net Total Is Credit, Then 5%)		\$ 924.92
F. SUBTOTAL, CONTRACTOR	(Lines D + E)		\$ 7,091.05

CONTRACTOR'S MARKUP ON WORK OF SUBCONTRACTORS

<u>SUBCONTRACTOR: Firm Name</u>	<u>CONTRACT WORK: Description</u>	<u>PROPOSAL</u>
1		\$ -
2		\$ -
3		\$ -
4		\$ -
5		\$ -
G. SUBTOTAL (of all work performed by the contractor's subcontractors)		\$ -
H. CONTRACTOR'S MARK-UP (on work of subcontractor's)(Line G X 5%; If Subtotal Is Credit, Then 0%)		\$ -
I. SUBTOTAL, SUBCONTRACTORS		\$ -

PROPOSAL

J. WORK PERFORMED BY CONTRACTOR AND SUBCONTRACTORS (Lines F + I)	\$ 7,091.05
K. INSURANCE, BOND AND TAXES (enter % here) 2.00%	\$ 141.82
L. TOTAL, REQUEST FOR PROPOSAL (Lines I + J)	\$ 7,232.87

The request for proposal will **Increase** (decrease) the contract amount.

This work to be accomplished in _____ calendar days.

This work will increase (decrease) the contract completion date by _____ calendar days.

CONTRACTORS SIGNATURE _____

TITLE: PRESIDENT

DATE: April 10, 2006

013-0396

**CHANGE ORDER PROPOSAL
SUMMARY COMPUTATIONS**

PROJECT NAME Champaign County Nursing Home

CONTRACTOR Coleman Electrical Service, Inc.

DATE April 10, 2006

PROJECT NO. 203035 FWO NO. 31

A. MATERIAL

1. Rough Material \$ 409.13 + Freight \$ - = \$ 409.13

2. Purchased Equipment (Quotations must be attached)

a.	_____	\$	-
b.	_____	\$	-
c.	_____	\$	-
d.	_____	\$	-

Total Equipment Costs		\$	-
TOTAL MATERIAL COSTS		\$	409.13

B. LABOR

		HOURS		RATE	
1. TRADE	<u>Electrical</u>	Journeyman	<u>61</u>	x	<u>\$48.84</u> = \$ <u>2,979.24</u>
		Foreman	<u>54</u>	x	<u>\$51.44</u> = \$ <u>2,777.76</u>
		Gen. Foreman	<u>0</u>	x	<u>\$54.03</u> = \$ <u>-</u>
2. TRADE	<u>Electrical</u>	Journeyman	<u>0</u>	x	<u>\$48.84</u> = \$ <u>-</u>
		Foreman	<u>0</u>	x	<u>\$51.44</u> = \$ <u>-</u>
		Gen. Foreman	<u>0</u>	x	<u>\$54.03</u> = \$ <u>-</u>
3. TRADE	_____	Journeyman	_____	x	= \$ <u>-</u>
		Foreman	_____	x	= \$ <u>-</u>
		Gen. Foreman	_____	x	= \$ <u>-</u>
		TOTAL LABOR COSTS			\$ 5,757.00

C. OTHER COSTS

1. Bonds	<u>\$ 141.82</u>	6	_____
2. Builder's Risk Insurance	_____	7	_____
3. Expendable Tools	_____	8	_____
4. Rental Tools	_____	9	_____
5. Coordination / Shop Drawings	_____	10	_____

TOTAL OTHER COSTS \$ 141.82

Champaign County Nursing Home - Remediation Work

FWO 31

Materials

QTY	DESCRIPTION	Ext Cost
3	3 Way Switches	\$23.85
4	Single Pole Switches	\$18.28
4	F Lens Covers	\$100.00
3	G Lens Covers	\$135.00
3	H Lens Covers	\$84.00
2	B Lens Covers	\$48.00
		<u>\$409.13</u>

Labor

	Hours	Hours
2/3/2006 Bill Becker Bill Buesing	7.00	5.00
2/6/2006 Bill Becker Bill Buesing	8.00	5.00
2/7/2006 Bill Becker Bill Buesing	8.00	3.00
2/8/2006 Bill Becker Bill Buesing	5.00	7.00
2/9/2006 Bill Becker Bill Buesing	2.00	6.00
2/10/2006 Bill Becker Bill Buesing	8.00	7.00
2/13/2006 Bill Becker Bill Buesing	6.00	7.00
2/14/2006 Bill Becker Bill Buesing	8.00	4.00
2/15/2006 Bill Becker Bill Buesing	5.00	6.00
2/20/2006 Bill Becker Bill Buesing	4.00	4.00
2/21/2006 Bill Becker Bill Buesing	8.00	3.50
2/22/2006 Bill Becker Bill Buesing	8.00	6.00
2/23/2006 Bill Becker Bill Buesing	8.00	2.00
2/24/2006 Bill Becker Bill Buesing	8.00	2.00
TOTAL	<u>61.00</u> JM	<u>54.00</u> FM

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemanes@net66.com

Co/Ewa/Tm Record

Date/Number

2-3-06

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		5		
BUSSING		7		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description W-1 WEST REINSTALL DEVICES + FIXTURES
REMEDICATION

Address
2-9-06 Pa. Garage

Counter Materials		
Date	Vendor	Ticket No. or P.O. Number
Additional Materials		
Quantity	Material	

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemanes@net66.com

Co/Ewa/Tm Record

Date/Number
2-6-06

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		5		
BUESINK		8		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description REINSTALL DEVICES + FIXTURE W-1 WEST
 REMEDIATION

Address
 2-9-06 Rapidia

Counter Materials

Date	Vendor	Ticket No. or P.O. Number

Additional Materials

Quantity	Material

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net66.com

Co/Ewa/Tm Record

Date/Number
2-7-06

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		3		
BUESING		8		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description REINSTALL DEVICES + FIXTURES W-1 WEST + MIDDLE
 REMEDIATION

Address
 2-9-06 R. B. [Signature]

Counter Materials		
Date	Vendor	Ticket No. or P.O. Number

Additional Materials	
Quantity	Material

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net66.com

Co/Ewa/Tm Record

Date/Number

2-8-06

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		7		
BUGSINK		5		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description W-1 SCATTERED DEVICES + CHECK OUT
REMEDIATION

Address
2-9-06 Ripley

Counter Materials		
Date	Vendor	Ticket No. or P.O. Number
Additional Materials		
Quantity	Material	

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net66.com

Co/Ewa/Tm Record

Date/Number
2-9-06

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		6		
BUESIN b		2		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description REINSTATE FIXTURES + DEVICES W-3
REMEDIATION

Address

2-15-06 D.A. P. F. J. R.
Counter Materials

Date	Vendor	Ticket No. or P.O. Number

Additional Materials

Quantity	Material

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net66.com

Co/Ewa/Tm Record

Date/Number
2-10-06

Electrician	Project / Job	Hours	Overtime	Authorization
BELKOR		7		
BUSBY		8		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description **REINSTALL FIXTURES + DEVICES W-3**
 REAUTHORIZED

2-15-06 J. A. P. [Signature]
 Address

Counter Materials		
Date	Vendor	Ticket No. or P.O. Number

Additional Materials	
Quantity	Material

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net66.com

Co/Ewa/Tm Record

Date/Number

2-13-06

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		7		
BUESING		6		

Approved Co: Yes No Time/Material: Yes No
 Authorized Ewa: Yes No Quoted: Yes No
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description **REINSTALLING DEVICES + FIXTURES W-3**
 REPAIRATION

2-15-06 P.a. Pitzinger

Address

Counter Materials		
Date	Vendor	Ticket No. or P.O. Number
Additional Materials		
Quantity	Material	

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net66.com

Co/Ewa/Tm Record

Date/Number

2-14-06

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		4		
BUESING		8		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description REINSTALL FIXTURES & DEVICES
Removal

Address

2-15-06 D.A. [Signature]
Counter Materials

Date	Vendor	Ticket No. or P.O. Number

Additional Materials

Quantity	Material

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net66.com

Co/Ewa/Tm Record

Date/Number

2-15-06

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		6		
BUESING		5		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description REINSTALLING DEVICES + FIXTURES W-3
Remediation

Address

2-22-06 P. O. City - you

Counter Materials		
Date	Vendor	Ticket No. or P.O. Number

Additional Materials	
Quantity	Material

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net66.com

Co/Ewa/Tm Record

Date/Number
2-20-06

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		4		
BUESING		4		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description REINSTALL DEVICES + FIXTURES W-3
 REMEDIATION

2-22-06 C.A. [Signature]
 Address

Counter Materials		
Date	Vendor	Ticket No. or P.O. Number

Additional Materials	
Quantity	Material

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemanes@net66.com

Co/Ewa/Tm Record

Date/Number

2-21-01

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		3 1/2		
BUESING		8		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description **REINSTALLING DEVICES & FIXTURES**
REMEDIATION

Address

2-22-06 T.A. [Signature]

Counter Materials

Date	Vendor	Ticket No. or P.O. Number

Additional Materials

Quantity	Material

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net66.com

Co/Ewa/Tm Record

Date/Number
2-22-06

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		6		
BUSINLO		8		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description REINSTALL DEVICES + FIXTURES
REMEDICATION

Address

3-2-06 P.A.P. [Signature]
Counter Materials

Date	Vendor	Ticket No. or P.O. Number

Additional Materials

Quantity	Material

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net66.com

Co/Ewa/Tm Record

Date/Number

2-23-06

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		2		
BUESING		8		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description **REINSTALLING DEVICES + FIXTURES W-3**
Remediation

Address

3-2-06 P.a. to go

Counter Materials		
Date	Vendor	Ticket No. or P.O. Number
Additional Materials		
Quantity	Material	

Coleman Electrical Service, Inc.
 311 North Street, P.O. Box 179 Mansfield, IL 61854
 Phone: 217.489.2611 Fax: 217.489.9313
 E-mail: colemans@net66.com

Co/Ewa/Tm Record

Date/Number
2-24-06

Electrician	Project / Job	Hours	Overtime	Authorization
BECKER		2		
BUESING		8		

Approved Co: Yes No Time/Material: Yes
 Authorized Ewa: Yes No Quoted: Yes
 Verbal Authorization: Yes No Authorized by: _____
 Completed: Yes No

Description REINSTALL DEVICES + FIXTURES W-3
 Remodiation

Address

3-2-06 [Signature]

Counter Materials

Date	Vendor	Ticket No. or P.O. Number

Additional Materials

Quantity	Material
3	3WAY SWITCHES
4	SINGLE POLE SWITCHES
4	F LENS COVERS
3	G LENS COVERS
3	H LENS COVERS
2	B LENS COVERS



Tepper Electric Supply Company 608 South Neil Street
 Post Office Box 773
 Champaign, Illinois
 61824-0773

PH: 217 356-3755
 FAX: 217 356-7950

Quotation

No 43922

To

Coleman Crest

Date

3/7

Quantity	Description	Price	Total
	Champaign NVDIM	EACH	
2	lens for type B	24-	
4	F	39-	obsolete
3	H	28-	
3	G	45-	
	Custom Made F Lens	\$25.00	
	Discount Due to Qty. ordered		

FOB Shipping Pt.
 Freight Prepaid
 Freight Collect

Estimated Delivery
 Time After Order

Signed

Cash Discount

Quote Void After