Print Form

TELECOMMUNICATIONS SERVICE ESTIMATE

Form 1b

Telecommunications Services 346-3198

Building: _____ Index/ Activity Code: _____

(Where Work is to be Completed)

Coordinator (Reg/Alternate): _____ Extension: _____

Department: _____

Description of work

_____

ITEMS	QUANTITY	PRICE/ UNIT	COST
UO Telecom supplied:			
Estimate/Service Charge			
Labor per Hour			
Wire per Foot			
Conduit per Foot			
Jacks/Each			
Other Materials			
Outside Contractor Supplied:			
Labor per Hour			
Core Drill			
Conduit			
Other Materials			
		Plus 10%	
		Total Estimate:	

Additional Technician's Comments:

_____

_____

_____

_____

Telecom Technician's Signature: _____

Coordinator's Signature: _____ **APPROVED:** _____ **DISAPPROVED:** _____

Estimates are good for 90 days, but actual costs may be as much as 10% above stated estimate. If circumstances are discovered which significantly increase costs, coordinators will be contacted for approval before continuing work. A $25.00 charge will be billed for the estimate, however if the work is approved, this charge will be applied to your final bill. FAX back to 541-346-5845.

Instructions on filling out this form: http://telecom.uoregon.edu/forms/forms.html