

 Comfort. Under control.		1329 E Kemper Rd, Ste 4210	
		CINCINNATI, OH 45246	
		513-860-2050	
		joe@nationaltab.com	
Client:	Thomas J. Dyer Co.	Project:	UCMC Pharmacy Relo Ph1
Email:	mheaton@tjdyer.com	QUOTE #:	JMH-NT-16055
ATTN:	Mike Heaton	BID DATE:	1/29/2024
Address:		Jobsite location:	3188 Bellevue Ave - Cincinnati, OH

Thank you for allowing National TAB this opportunity to bid on the testing and balancing of this project. The following is our understanding of the scope of work and the associated cost.

<u>Equipment:</u>	<u>Qty.:</u>	<u>Equipment:</u>	<u>Qty.:</u>
Air Valves	7	Reheat Coils	5
Air Devices			

SCOPE OF WORK:

1. 1st Shift Work Only
2. TAB of listed equipment

This proposal includes a written report to be submitted upon completion of all work by National TAB.

TOTAL PRICE = \$ 1,500.00

Any parts if required will be additional. However, no parts will be provided without initial approval unless National TAB, LLC has agreed with the client for a set fee to perform specific task. Lift rental to be additional if required if not provided by owner or GC. Work to be performed 1st shift only.

Not included in price: Prevailing Wage, Sound and Vibration testing, Indoor Air Quality testing, and Pre-testing is not included unless price is specified separately above.

WE HEREBY PROPOSE to furnish labor complete in accordance with NATIONAL TAB specifications, for the sum of: One Thousand Five Hundred US Dollars and Zero Cents and any selected options stated above. Payment to be made as Terms as specified by our acct department. New accounts are required to fill out a credit application.

<p>Acceptance of proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made in accordance to terms agreed upon.</p> <p>Client Signature _____</p> <p>Client Date of Acceptance _____</p>	<p>Authorized Signature for NT:</p> <p style="text-align: center;"><u>Joe Hertenstein</u></p> <p>Date: <u>01/29/24</u></p>
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