



OFFICE OF AUDITOR OF STATE  
STATE OF IOWA

Rob Sand  
Auditor of State

State Capitol Building  
Des Moines, Iowa 50319-0004  
Telephone (515) 281-5834

February 13, 2026

Kristi Onstot  
Executive Council  
L O C A L

Subject: Water Damages to State Hygienic Laboratory due to Overflowed Sink on  
December 15, 2024  
University of Iowa – Board of Regents  
Claim dated October 23, 2025  
AOS Claim ID: 3954

In accordance with Executive Council policy, we have examined the invoices and supporting documentation for final payment related to the loss and have found the items to be in order as shown below:

Documented request		<u>\$ 78,619.36</u>
Executive Council Allocation		\$ 78,619.36
Less:		
Previous payments	\$ 0.00	
This payment	<u>78,619.36</u>	
Total		<u>\$ 78,619.36</u>
Remaining Executive Council allocation		<u>\$ 0.00</u>

We recommend reimbursement be made in the amount of \$78,619.36. This represents full and final payment of the loss.

Sincerely,

Brian R. Brustkern, CPA  
Deputy Auditor of State

cc: Camille Walters Gott, Risk Management Claims Manager, University of Iowa  
John Nash, Director of Facilities, Board of Regents  
Keith Saunders, Associate Council and Facilities Coordinator, Board of Regents



**Business Services**

**Risk Management, Insurance and Loss Prevention**

University of Iowa  
202 Plaza Centre One  
Iowa City, Iowa 52242-2501  
319-335-0010  
Fax 319-353-1893

February 1, 2026

Executive Council of Iowa  
Office of Treasurer of State  
State Capitol Building  
Des Moines, IA 50319

Re: Formal Loss Report - University of Iowa – State Hygienic Laboratory Water Damage (12/15/2024) – AOS Claim #3954

Dear Executive Council,

On December 15, 2024, a sink overflowed in room 2132 causing water damage at the State Hygienic Laboratory located at 2490 Crosspark Road, Coralville, Iowa. The original loss notice was provided to the Executive Council, State Auditors and Board of Regents on December 16, 2024, and a Preliminary Loss Report was submitted on October 23, 2025.

The purpose of this letter is to provide the final expense details for this claim which are:

- **Remediation and Repair of the Building Damage: \$78,619.36.**

Please see the attached summary of claim expenses and copies of all invoices and proof of payments. Based on the information provided herein, The University of Iowa respectfully requests an award of **\$78,619.36** from the State of Iowa Executive Council, pursuant to Chapter 29C:20, Contingent Fund, Code of Iowa.

We appreciate your review and look forward to your response. Please feel free to contact me with any questions.

Sincerely,

*Camille Walters Gott*

Camille Walters Gott  
Risk Management Claims Manager

cc: Tammy Hollingsworth  
John Nash  
Keith Saunders  
Debby Zumbach  
Josey Bathke



**Business Services**

**Risk Management, Insurance and Loss Prevention**

University of Iowa  
202 Plaza Centre One  
Iowa City, Iowa 52242-2501  
319-335-0010  
Fax 319-353-1893

October 23, 2025

Executive Council of Iowa  
Office of Treasurer of State  
State Capitol Building  
Des Moines, IA 50319

Re: University of Iowa – State Hygienic Laboratory Water Damage – Preliminary Loss Report (12/15/2024) – AOS Claim #3954

Dear Executive Council,

On December 15, 2024, a sink overflowed in room 2132 at the State Hygienic Laboratory, located at 2490 Crosspark Road, Coralville, Iowa. The water caused damage to cabinets and drywall in room 2132, and damaged drywall, ceiling tiles, flooring, light fixtures, IT equipment, etc. on the first floor and lower level of the facility.

The purpose of this Preliminary Loss Report is to notify you of our current damage estimate and to request allocation of funds for remediation and repair of the damaged building components and equipment. Our estimated damage is approximately **\$78,619.36**. A Formal Loss Report will be provided with supporting invoice and payment documentation.

Please feel free to contact me with any questions or concerns.

Sincerely,

*Camille Walters Gott*

Camille Walters Gott  
Risk Management Claims Manager

cc: Tammy Hollingsworth  
John Nash  
Debby Zumbach  
Josey Bathke

**From:** [Walters Gott, Camille S](#)  
**To:** [executivecouncil@tos.iowa.gov](mailto:executivecouncil@tos.iowa.gov); [Tammy.Hollingsworth@AOS.IOWA.GOV](mailto:Tammy.Hollingsworth@AOS.IOWA.GOV); [Nash, John](#)  
**Cc:** [Zumbach, Debby J](#); [Bathke, Josey](#)  
**Subject:** University of Iowa State Hygienic Laboratory - Property Loss Notice  
**Date:** Monday, December 16, 2024 3:35:00 PM  
**Attachments:** [image001.png](#)

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Hello,

Risk Management was notified on 12/16/2024 of an incident at the State Hygienic Laboratory, located at 2490 Crosspark Road, Coralville, Iowa. On 12/15/2024, water leak occurred in room 2132, causing water to impact areas of the second floor, first floor, and basement. The incident is being investigated further but estimated damages may potentially exceed \$5,000. Incident photos have been requested and will be provided when received.

A preliminary loss report will be submitted when detailed damage estimates are available.

Please feel free to contact me with any questions or concerns.

Thank you

**Camille Walters Gott**

Claims Manager, Risk Management Insurance and Loss Prevention

202 Plaza Centre One, 125 S Dubuque St, Iowa City, Iowa 52242

Office: 319-335-5357

<https://riskmanagement.fo.uiowa.edu/>

**IOWA**



**Department of Risk Management  
Insurance & Loss Prevention**

202 Plaza Centre One (PCO)  
Iowa City, IA 52242-2500  
Phone 319-335-0010  
Fax 319-353-1893

**General Fund 29C:20 Property Claim Costs - State Hygienic Lab Water Damage**

<b>Building:</b>	State Hygienic Laboratory				<b>Date of Loss:</b>	12/15/2024
<b>Department:</b>	Facilities Management				<b>Completed by:</b>	Camille Walters Gott
					<b>UI Claim #:</b>	PR-22521-SUI
					<b>AOS 29C:20 Claim #:</b>	#3954
Category	Reference #	Vendor	PO	Voucher	29C:20 Claim Costs	
Building	1B	Servpro	1003164917	85156279	\$ 11,140.80	
Building	2B	Vrban Fire	C000581545	85206473	\$ 1,398.08	
Building	3B	RoCon Construction	1003166342	85218898	\$ 56,700.00	
Building	4B	RoCon Construction	1003166342	85280038	\$ 6,300.00	
Building	5B	Univ of Iowa ITS Materials	N/A	SO202523883	\$ 3,080.48	
				<b>Building Total</b>	<b>\$ 78,619.36</b>	
Category	Reference #	Vendor	PO	Voucher	29C:20 Claim Costs	
Equipment	None				\$ -	
Equipment	None				\$ -	
				<b>Equipment Total</b>	<b>\$ -</b>	
				<b>GRAND TOTAL</b>	<b>\$ 78,619.36</b>	



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 SERVPRO® of Lake of the Ozarks

# INVOICE

2412-694580WTR

DATE: 12/31/2024

TERMS: Due upon receipt  
 Past Due Invoices Subject to Finance Charges  
 Returned Check Fee \$50

**BILL TO:**

University of Iowa - State Hygienic Lab  
 2490 Crosspark Rd  
 Coralville, IA 52241

**SERVICE ADDRESS:**

University of Iowa - State Hygienic  
 Lab  
 2490 Crosspark Rd  
 Coralville, IA 52241

<b>Project Manager:</b> Kaleb Umlandt	<b>Insurance Co.</b> Self pay	<b>Claim #</b>	<b>Purchase Order/Work Order #</b> 1003164917
SERVICE TYPE	DESCRIPTION	AMOUNT	
	Water Restoration	11,485.36	
		SALES TAX	0.00
		TOTAL	11,485.36
		PAYMENT	
		<b>BALANCE DUE</b>	<b>\$11,485.36</b>

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**Remit payment to: SERVPRO**  
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**TEAM MEYER**

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Missouri Franchises: # 11148 / 11149 / 11150 / 11496 / 11629  
615 Hwy 1 W  
Iowa City, IA 52246  
844-965-0001  
Tax ID #27-0863347

Client: University of Iowa - State Hygienic Lab  
Property: 2490 Crosspark Rd  
Coralville, IA 52241

Operator: BRIAN

Estimator: Kaleb Umlandt

E-mail: [kumlandt@servpro.me](mailto:kumlandt@servpro.me)

Type of Estimate: Water Damage  
Date Entered: 12/26/2024                      Date Assigned: 12/15/2024  
Date Est. Completed: 12/16/2024              Date Job Completed: 12/26/2024

Price List: IACR8X\_DEC24  
Labor Efficiency: Restoration/Service/Remodel  
Estimate: 2412-694580WTR'

Dear University of Iowa - State Hygienic Lab,  
Attached is the final bill for mitigation services at your property. **The amount due is \$11,485.36.**

Please feel free to contact me with any questions or concerns.

Regards,  
Kaleb Umlandt

[kumlandt@servpro.me](mailto:kumlandt@servpro.me)



**TEAM MEYER**

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 Missouri Franchises: # 11148 / 11149 / 11150 / 11496 / 11629  
 615 Hwy 1 W  
 Iowa City, IA 52246  
 844-965-0001  
 Tax ID #27-0863347

**2412-694580WTR'**

**Sunday 12-15-2024**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
<b>**LABOR**</b>					
1. Project Coordinator - Michele	1.00 HR	0.00	130.00	0.00	130.00
2. Project Administration/Clerical - Emily	1.50 HR	0.00	45.00	0.00	67.50
3. Project Manager - Kaleb	4.50 HR	0.00	99.00	0.00	445.50
4. Restoration Supervisor - Dylan	4.50 HR	0.00	58.00	0.00	261.00
5. Small Tools 3% of Labor	0.03 EA	0.00	904.00	0.00	27.12
<b>**CONSUMABLES**</b>					
6. Disinfectant / Biocide	1.00 EA	0.00	61.45	0.00	61.45
7. Filter for Air Scrubber	0.50 EA	0.00	256.63	0.00	128.32
<b>**EQUIPMENT**</b>					
8. Air Mover	32.00 EA	0.00	30.00	0.00	960.00
9. Dehumidification Unit-200	5.00 EA	0.00	99.50	0.00	497.50
10. HEPA Air Scrubber	1.00 EA	0.00	82.50	0.00	82.50
11. Van, Cargo	1.00 EA	0.00	125.00	0.00	125.00
12. Extraction Unit (Portable)	1.00 EA	0.00	125.00	0.00	125.00
Totals: Sunday 12-15-2024				0.00	2,910.89

**Monday 12-16-2024**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
<b>**LABOR**</b>					
13. Project Administration/Clerical - Emily	1.00 HR	0.00	45.00	0.00	45.00
14. Restoration Supervisor - Kaleb	1.50 HR	0.00	58.00	0.00	87.00
15. Restoration Supervisor - Dylan	1.50 HR	0.00	58.00	0.00	87.00
16. Restoration Technician - Cam	1.50 HR	0.00	50.00	0.00	75.00
17. Restoration Technician - Ara	1.50 HR	0.00	50.00	0.00	75.00
18. Small Tools 3% of Labor	0.03 EA	0.00	369.00	0.00	11.07
<b>**EQUIPMENT**</b>					



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 615 Hwy 1 W  
 Iowa City, IA 52246  
 844-965-0001  
 Tax ID #27-0863347

**CONTINUED - Monday 12-16-2024**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
19. Air Mover	33.00 EA	0.00	30.00	0.00	990.00
20. Dehumidification Unit-200	5.00 EA	0.00	99.50	0.00	497.50
21. Injectidry (wall cavity) system	1.00 EA	0.00	140.00	0.00	140.00
22. HEPA Air Scrubber	1.00 EA	0.00	82.50	0.00	82.50
23. Van, Cargo	1.00 EA	0.00	125.00	0.00	125.00
24. Company Owned Vehicle	1.00 EA	0.00	110.00	0.00	110.00
Totals: Monday 12-16-2024				0.00	2,325.07

**Tuesday 12-17-2024**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
<b>**LABOR**</b>					
25. Project Administration/Clerical - Emily	1.00 HR	0.00	45.00	0.00	45.00
26. Restoration Supervisor - Dylan	1.00 HR	0.00	58.00	0.00	58.00
27. Restoration Technician - Ara	1.00 HR	0.00	50.00	0.00	50.00
28. Small Tools 3% of Labor	0.03 EA	0.00	153.00	0.00	4.59
<b>**EQUIPMENT**</b>					
29. Air Mover	33.00 EA	0.00	30.00	0.00	990.00
30. Dehumidification Unit-200	5.00 EA	0.00	99.50	0.00	497.50
31. Injectidry (wall cavity) system	1.00 EA	0.00	140.00	0.00	140.00
32. HEPA Air Scrubber	1.00 EA	0.00	82.50	0.00	82.50
33. Van, Cargo	1.00 EA	0.00	125.00	0.00	125.00
Totals: Tuesday 12-17-2024				0.00	1,992.59

**Wednesday 12-18-2024**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
<b>**LABOR**</b>					
34. Project Administration/Clerical - Emily	1.00 HR	0.00	45.00	0.00	45.00
35. Restoration Supervisor - Kaleb	1.75 HR	0.00	58.00	0.00	101.50



**TEAM MEYER**

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 Missouri Franchises: # 11148 / 11149 / 11150 / 11496 / 11629  
 615 Hwy 1 W  
 Iowa City, IA 52246  
 844-965-0001  
 Tax ID #27-0863347

**CONTINUED - Wednesday 12-18-2024**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
36. Restoration Technician - Carter	1.75 HR	0.00	50.00	0.00	87.50
37. Restoration Technician - Brayden	1.75 HR	0.00	50.00	0.00	87.50
38. Small Tools 3% of Labor	0.03 EA	0.00	321.50	0.00	9.65
<b>**EQUIPMENT**</b>					
39. Air Mover	26.00 EA	0.00	30.00	0.00	780.00
40. Dehumidification Unit-200	4.00 EA	0.00	99.50	0.00	398.00
41. Injectidry (wall cavity) system	1.00 EA	0.00	140.00	0.00	140.00
42. HEPA Air Scrubber	1.00 EA	0.00	82.50	0.00	82.50
43. Van, Cargo	1.00 EA	0.00	125.00	0.00	125.00
Totals: Wednesday 12-18-2024				0.00	1,856.65

**Thursday 12-19-2024**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
<b>**LABOR**</b>					
44. Project Administration/Clerical - Emily	1.00 HR	0.00	45.00	0.00	45.00
45. Project Manager - Kaleb	1.25 HR	0.00	99.00	0.00	123.75
46. Restoration Supervisor - Dylan	1.25 HR	0.00	58.00	0.00	72.50
47. Small Tools 3% of Labor	0.03 EA	0.00	241.25	0.00	7.24
<b>**EQUIPMENT**</b>					
48. Air Mover	26.00 EA	0.00	30.00	0.00	780.00
49. Dehumidification Unit-200	4.00 EA	0.00	99.50	0.00	398.00
50. HEPA Air Scrubber	1.00 EA	0.00	82.50	0.00	82.50
51. Injectidry (wall cavity) system	1.00 EA	0.00	140.00	0.00	140.00
52. Van, Cargo	1.00 EA	0.00	125.00	0.00	125.00
Totals: Thursday 12-19-2024				0.00	1,773.99

**Monday 12-23-2024**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
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**TEAM MEYER**

Iowa Franchises: # 9784 / 10071 / 10618 / 10619 / 11087  
 Missouri Franchises: # 11148 / 11149 / 11150 / 11496 / 11629  
 615 Hwy 1 W  
 Iowa City, IA 52246  
 844-965-0001  
 Tax ID #27-0863347

**CONTINUED - Monday 12-23-2024**

DESCRIPTION	QTY	REMOVE	REPLACE	TAX	TOTAL
<b>**LABOR**</b>					
53. Project Administration/Clerical - Emily	1.00 HR	0.00	45.00	0.00	45.00
54. Project Manager - Kaleb	1.50 HR	0.00	99.00	0.00	148.50
55. Restoration Supervisor - Dylan	1.50 HR	0.00	58.00	0.00	87.00
56. Restoration Technician - Brayden	1.50 HR	0.00	50.00	0.00	75.00
57. Small Tools 3% of Labor	0.03 EA	0.00	355.50	0.00	10.67
<b>**EQUIPMENT**</b>					
58. Van, Cargo	1.00 EA	0.00	125.00	0.00	125.00
<b>**MISC**</b>					
59. Shop Decontamination Equipment Technician	3.00 HR	0.00	45.00	0.00	135.00
Totals: Monday 12-23-2024				0.00	626.17
<b>Line Item Totals: 2412-694580WTR'</b>				<b>0.00</b>	<b>11,485.36</b>



**TEAM MEYER**

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Missouri Franchises: # 11148 / 11149 / 11150 / 11496 / 11629  
615 Hwy 1 W  
Iowa City, IA 52246  
844-965-0001  
Tax ID #27-0863347

**Summary for Dwelling**

Line Item Total	11,485.36
<b>Replacement Cost Value</b>	<b>\$11,485.36</b>
<b>Net Claim</b>	<b>\$11,485.36</b>

Kaleb Umlandt

The University of Iowa  
Accounts Payable, 202 Plaza Centre One

Web

**VOUCHER REPORT**

01/10/2025

*Special Instructions:* Payment will be made with the voucher terms, the earliest of the Discount Due Date or the Scheduled Due Date (see below). Please direct questions to [acntpay@uiowa.edu](mailto:acntpay@uiowa.edu). A negative Gross Amount reflects a credit memo that will be applied to the next payment.

If the Purchase Order indicates that Receiving is Required (Y), then receiving information is required on the requisition in order for payment to be processed on corresponding vouchers against the Purchase Order. You can add/update receiving information by clicking on the "Receiving" link underneath the workflow approval section of the requisition in ePro. Additional receiving information can be found on the Purchasing web site in the PREQ's section (see link at bottom of page) or you can email us at [ap-receiving@uiowa.edu](mailto:ap-receiving@uiowa.edu).

**Remit address:**  
Servpro  
615 Hwy 1 W  
Iowa City IA 52246  
USA

Requestor (vouchers)  
THAUSAFU (Hoadley, Tara)  
*(Phonebook)*  
USB-220  
Build UI

Contact(eVouchers)  
Not Available

**Voucher Number**  
**85156279**

Receiver  
JPARTIDA (Partida,  
Jennifer)

<u>Remit Vendor ID</u>	<u>Remit LOC</u>	<u>Address</u>	<u>Paym Handl Cod</u>
0000639859	002	1	AC

<u>Invoice Number</u>	<u>Inv Date</u>	<u>Terms</u>	<u>Dscnt Due Date</u>	<u>Sched Due Date</u>	<u>Control Group</u>	<u>Purchase Order</u>	<u>Recv'g Req'd</u>	<u>Attachments</u>	<u>PReq #</u>
<a href="#">2412-694580WTR</a>	12/31/2024	3%10	01/17/2025	<a href="#">01/17/2025</a>		<a href="#">1003164917</a>	N	<a href="#">VendorTrac</a>	<a href="#">W002042412</a>

<u>LINE</u>	<u>PO LN</u>	<u>UOM</u>	<u>QTY</u>	<u>PS ITEM</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>
1	1	EA	1.0000		Emergency Water Damage Clean U	11,485.36000
<b>MFK 1</b>	<u>FUND</u> 260	<u>ORG</u> 05	<u>DEPT/SDEPT</u> 037500226	<u>GRANT/PRGM</u> 00000000	<u>IACT</u> 6650 <u>OACT</u> 000 <u>DACT</u> 00000 <u>FN</u> 0000 <u>CCTR</u> J / 25-821259-002	<u>EXT AMT</u> 11,485.36

Voucher Comments:  
1/10/25-Past due invoice, giving dept time to review -msw

PO Receipt Status:  
**Not received**

<b>Discount Amount</b>	344.56
<b>Freight</b>	0.00
<b>Miscellaneous Charges</b>	0.00
<b>Sales Tax</b>	0.00
<b>Use Tax</b>	0.00
<b>Gross Amount</b>	<u>\$ 11,485.36</u>
<b>If Paid within Discount Terms</b>	
<b>NET AMOUNT</b>	\$ 11,140.80

[New Voucher Report Search](#)  
[AP-PO Web Applications Home Page](#)  
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# AP/PO PeopleSoft Web Applications

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## Payment details for voucher: 85156279

Voucher ID	Vendor ID	Remit LOC	Vendor Name	Gross Voucher Amt.	Payment Handling Code
<a href="#">85156279</a>	0000639859	002	Servpro	\$11,485.36	AC

Payment Status	Payment Information	Invoice #	Invoice Date	Remit to	Amt From Voucher
PAID	ACH: <a href="#">1110786</a> Dt: 01/17/2025 Amt: \$12,086.88	2412-694580WTR	12/31/2024	<a href="#">Detail</a>	\$11,140.80

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# Invoice

Date	Invoice #
2/20/2025	26473

Bill To
University of Iowa Accounts Payable 202 Plaza Centre One Iowa City, IA 52242-2500

P.O. No.	Terms	Project
C000581545	Net 30	241370T Remo...

Quantity	Description	Rate	Amount
	State Hygienic Lab - remove sprinkler heads for ceiling work, replace stained ceiling tiles, replace sprinkler heads after ceiling work completed		
12	Hours Foreman - Andy Bell & Jeremy Brunssen	95.00	1,140.00
	Material	266.06	266.06
	3% Discount	-3.00%	-7.98
	WO # 25-821608-001		
		<b>Total</b>	\$1,398.08

# AP/PO PeopleSoft Web Applications

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[User options](#) | [Help](#)

## Payment details for voucher: 85206473

Voucher ID	Vendor ID	Remit LOC	Vendor Name	Gross Voucher Amt.	Payment Handling Code
<a href="#">85206473</a>	0000124878	500	Vrban Fire Protection Inc	\$1,398.08	PP

Payment Status	Payment Information	Invoice #	Invoice Date	Remit to	Amt From Voucher
PAID	PPLUS: <a href="#">1127383</a> Dt: 03/21/2025 Amt: \$34,412.26	26473	02/20/2025	<a href="#">Detail</a>	\$1,398.08

[New Payment Search](#)  
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171 Greenfield Dr., Unit A  
Tiffin, IA 52340  
319-545-2080

# Invoice

Date	Invoice #
3/3/2025	3294

Bill To
University of Iowa Accounts Payable and Travel 202 PCO Iowa City, IA 52242

E-mail
accounts@rocon-ia.com

P.O. No.	Terms
1003166342	Net 30

Description	Amount
1131601 - State Hygienic Laboratory at the University of Iowa - Repair Walls, Carpet, and Ceiling University of Iowa  Invoice for Work-to-Date	56,700.00
<b>Total</b>	\$56,700.00
<b>Balance Due</b>	\$56,700.00



171 Greenfield Dr., Unit A  
Tiffin, IA 52340  
ph: 319-545-2080 f: 319-545-2085  
[www.roconconstruction.net](http://www.roconconstruction.net)

# Project Proposal

Date	12/20/2024
Project Name	HLI Repair Water Damage
Project Number	
Submitted By	Matthew O'Neal
Attention	Ben Rickels
Proposal Number	264-24

RoCon Construction is pleased to provide a proposal to perform the following scope of work:

**Inclusions:** install infection control per UI standards  
 sticky mat, plastic barrier, floor covering, air scrubber

Replace damaged casework L2  
 Remove and reinstall glass artwork in lobby to facilitate repairs  
 Remove and reinstall lighting in lobby, replace 1, 2x2 surface mounted fixture  
 Demo existing drywall on lower west ceiling in lobby  
 Demo existing drywall at stairwell east wall and soffit  
 Replace removed damaged drywall, finish, prep for paint  
 Paint areas affected by drywall replacement  
 Paint north wall under stairwell  
 Replace damaged ceiling tile on LL  
 Replace 2x4 light in LL storage  
 Install cork board at existing lobby desk  
 clean carpet in lobby and affected areas on LL

\*Not to exceed amount

clean and demobilize

**Exclusions:** after hours/holiday work, ceiling tiles, move user items, hvac, testing & balancing, plumbing, sprinklers, asbestos or lead abatement, data wiring, fire alarm, permits, sealing existing penetrations above ceiling, signage, any work not listed above

Total Cost: **\$63,000.00** sixty three thousand dollars

Please call me if you have questions regarding my quote. Quote valid for 30 days. Thank you!

Accepted By: \_\_\_\_\_ Date: \_\_\_\_\_

*There are 3 things to look for when hiring - integrity, intelligence, energy; if you don't have the first one, the other two will kill you - Warren Buffet*

# AP/PO PeopleSoft Web Applications

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[User options](#) | [Help](#)

## Payment details for voucher: 85218898

Voucher ID	Vendor ID	Remit LOC	Vendor Name	Gross Voucher Amt.	Payment Handling Code
<a href="#">85218898</a>	0000717459	002	RoCon Construction LLC	\$56,700.00	AC

Payment Status	Payment Information	Invoice #	Invoice Date	Remit to	Amt From Voucher
PAID	ACH: <a href="#">1130723</a> Dt: 04/02/2025 Amt: \$96,605.15	3294	03/03/2025	<a href="#">Detail</a>	\$56,700.00

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Please direct inquires regarding using this application to [acntpay@uiowa.edu](mailto:acntpay@uiowa.edu)



171 Greenfield Dr., Unit A  
 Tiffin, IA 52340  
 319-545-2080

# Invoice

Date	Invoice #
4/21/2025	3341

Bill To
University of Iowa Accounts Payable and Travel 202 PCO Iowa City, IA 52242

E-mail
accounts@rocon-ia.com

P.O. No.	Terms
1003166342	Net 30

Description	Amount
1131601 - State Hygienic Laboratory at the University of Iowa - Repair Walls, Carpet, and Ceiling University of Iowa  Final Invoice	6,300.00
<b>Total</b>	\$6,300.00
<b>Balance Due</b>	\$6,300.00

# AP/PO PeopleSoft Web Applications

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## Payment details for voucher: 85280038

Voucher ID	Vendor ID	Remit LOC	Vendor Name	Gross Voucher Amt.	Payment Handling Code
<a href="#">85280038</a>	0000717459	002	RoCon Construction LLC	\$6,300.00	AC

  

Payment Status	Payment Information	Invoice #	Invoice Date	Remit to	Amt From Voucher
PAID	ACH: <a href="#">1144698</a> Dt: 05/21/2025 Amt: \$6,300.00	3341	04/21/2025	<a href="#">Detail</a>	\$6,300.00

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Please direct inquires regarding using this application to [acntpay@uiowa.edu](mailto:acntpay@uiowa.edu)

## Service Desk Order - Total Charges with BOM

**SO202523883**

Default	260.05.0375.00400.51000001.6270.447.11316.00.0000
One-Time	260.05.0375.00400.51000001.6275.447.11316.00.0000

**LABOR**

Workgroup	Description	Labor Type	Worker	Hours	Amount	Cost	Billable	Charge
IS Labor		Regular	pvenable	08h 00m	95.00	760.00	Y	760.00
IS Labor		Regular	rdadams	03h 00m	95.00	285.00	Y	285.00
IS Labor		Regular	dbrown10	04h 00m	95.00	380.00	Y	380.00
IS Labor		Regular	amlng	03h 00m	95.00	285.00	Y	285.00
IS Labor		Regular	rdadams	01h 00m	95.00	95.00	Y	95.00
IS Labor		Regular	amlng	08h 00m	95.00	760.00	Y	760.00
IS Labor		Regular	pvenable	03h 00m	95.00	285.00	Y	285.00
								<b>2,850.00</b>

Action #	Status	SDC	Service ID	Service Catalog	Description
2	Billed	IS - Project		IS - Project	IS - Project
Default		260.05.0375.00400.51000001.6270.447.11316.00.0000			
One-Time		260.05.0375.00400.51000001.6275.447.11316.00.0000			

**EQUIPMENT**

BOM Item Nbr	Description	BOM Serial Nbr	Bin	Picked Up By	Quantity	Amount	Cost	Billable	Charge
02326-001	AXIS COMM P3265-V FIXED DOME CAMERA, HDTV 1080, 2MP, VANDAL			rdadams	2	452.79	905.58	Y	905.58
CMP-00424X10D-10BU01	CS-SYSTEMX 2091B WHT C6A 4/23 U/UTP W1000 23-4P UTP-CMP SOL BC CAT6A 2091B WHT C6A 4/23 U/UTP W1000760107268			amlng	1710	0.66	1,128.60	Y	1,128.60
CPP-UDDM-M-1U24-WH	COMMSCOPE 24-PORT 1U M-SERIES UTP WHITE DISCRETE DISTRIBUTION MOD PNL			rdadams	1	63.33	63.33	Y	63.33
MGS600-262	CS-SYSTEMX 1-PORT MOD JACK 110 8W8P UTP T568A/B CAT6A IP10 X10D 360 760092429 WHITE			amlng	12	10.95	131.40	Y	131.40
MGS600-262	CS-SYSTEMX 1-PORT MOD JACK 110 8W8P UTP T568A/B CAT6A IP10 X10D 360 760092429 WHITE			amlng	2	10.95	21.90	Y	21.90
MM01-X10D360-DB	SYSTEMX CPCSSX2- OZF001 CBL ASSY MOD 23-4PR SOLID UTP T568B 1 FT DRK BLUE			amlng	1	8.25	8.25	Y	8.25
MM03-X10D360-DB	CS-SYSTEMX CPCSSX2- OZF003 CBL ASSY MOD 23-4PR SOLID UTP CAT6A T568B 3 FT DRK BLUE CPCSSX2-OZF003			amlng	2	9.05	18.10	Y	18.10
MM03-X10D360-DB	CS-SYSTEMX CPCSSX2- OZF003 CBL ASSY MOD 23-4PR SOLID UTP CAT6A T568B 3 FT DRK BLUE CPCSSX2-OZF003			amlng	1	9.05	9.05	Y	9.05
MM10-X10D360-DB	CS-SYSTEMX CPCSSX2- OZF010 CBL ASSY MOD 23-4PR SOLID UTP CAT6A T568B 10 FT DRK BLUE CPCSSX2-OZF010 35 per box			amlng	3	12.49	37.47	Y	37.47

**EQUIPMENT**

BOM Item Nbr	Description	BOM Serial Nbr	Bin	Picked Up By	Quantity	Amount	Cost	Billable	Charge
MM15- X10D360-DB	COMMSCOPE SYSTIMAX SOLUTIONS CPCSSX2-08F015 CBL ASSY MOD 23-4PR SOLID UTP CAT6A T568B 15FT DARK BLUE CPCSSX2-08F015 30 per box			amlng	6	16.98	101.88	Y	101.88
MM15- X10D360-DB	COMMSCOPE SYSTIMAX SOLUTIONS CPCSSX2-08F015 CBL ASSY MOD 23-4PR SOLID UTP CAT6A T568B 15FT DARK BLUE CPCSSX2-08F015 30 per box			amlng	1	16.98	16.98	Y	16.98
R7J28A- Replacement	Aruba AP-635 (US) Unified AP			amlng	1	635.24	635.24	Y	635.24
SMB-1P-262	CS-COMMSCO 1-PORT SURFACE MT UNLOADED ICONABLE M-SERIES 760248521 WHITE			amlng	1	2.70	2.70	Y	2.70
									<b>3,080.48</b>

Action #	Status	SDC	Service ID	Service Catalog	Description
3	Billed	Data - Move Service No WF	ap-hli-26	DataPort > DATA-WAP-NS	DATA-WAP-NON STUDENT
Default		190.90.9170.00150.00000000.6270.200.00000.30.0000			
One-Time		260.05.0375.00400.51000001.6275.447.11316.00.0000			

**LABOR**

Workgroup	Description	Labor Type	Worker	Hours	Amount	Cost	Billable	Charge
	Data - Move Service No WF - DATA SVC MAC LABOR			1	75.00	75.00	Y	75.00
								<b>75.00</b>

Action #	Status	SDC	Service ID	Service Catalog	Description
4	Billed	Data - Move Service No WF	cam-026-006	DataPort > DATA-CAM-SUR	DATA-SURVEIL CAMERA
Default		190.90.9170.00150.00000000.6270.200.00000.30.0000			
One-Time		260.05.0375.00400.51000001.6275.447.11316.00.0000			

**LABOR**

Workgroup	Description	Labor Type	Worker	Hours	Amount	Cost	Billable	Charge
	Data - Move Service No WF - DATA SVC MAC LABOR			1	75.00	75.00	Y	75.00
								<b>75.00</b>

Action #	Status	SDC	Service ID	Service Catalog	Description
5	Billed	Data - Move Service No WF	cam-026-010	DataPort > DATA-CAM-SUR	DATA-SURVEIL CAMERA
Default		190.90.9170.00150.00000000.6270.200.00000.30.0000			
One-Time		260.05.0375.00400.51000001.6275.447.11316.00.0000			

**LABOR**

Workgroup	Description	Labor Type	Worker	Hours	Amount	Cost	Billable	Charge
	Data - Move Service No WF - DATA SVC MAC LABOR			1	75.00	75.00	Y	75.00
								<b>75.00</b>

Action #	Status	SDC	Service ID	Service Catalog	Description
6	Billed	Data - Move Service No WF	TC01-026-00	DataPort > DATA-VOIP-NC	DATA-VOIP-NC
Default		190.90.9170.00000.00000000.6270.200.00000.30.0000			
One-Time		260.05.0375.00400.51000001.6275.447.11316.00.0000			

**LABOR**

Workgroup	Description	Labor Type	Worker	Hours	Amount	Cost	Billable	Charge
	Data - Move Service No WF - DATA SVC MAC LABOR			1	75.00	75.00	Y	75.00
								<b>75.00</b>

Action #	Status	SDC	Service ID	Service Catalog	Description
7	Billed	Data - Move Service No WF	TC01-026-00	DataPort > DATA	DATA
Default		510.90.9050.00000.15678482.6270.200.00000.20.9132			
One-Time		260.05.0375.00400.51000001.6275.447.11316.00.0000			

**LABOR**

Workgroup	Description	Labor Type	Worker	Hours	Amount	Cost	Billable	Charge
	Data - Move Service No WF - DATA SVC MAC LABOR			1	75.00	75.00	Y	75.00
								<b>75.00</b>

Action #	Status	SDC	Service ID	Service Catalog	Description
8	Billed	Data - Move Service No WF	TC01-026-00	DataPort > DATA	DATA
Default		510.90.9050.00000.15678482.6270.200.00000.20.9132			
One-Time		260.05.0375.00400.51000001.6275.447.11316.00.0000			

**LABOR**

Workgroup	Description	Labor Type	Worker	Hours	Amount	Cost	Billable	Charge
	Data - Move Service No WF - DATA SVC MAC LABOR			1	75.00	75.00	Y	75.00
								<b>75.00</b>

Action #	Status	SDC	Service ID	Service Catalog	Description
9	Billed	Data - Move Service No WF	TC01-026-00	DataPort > DATA	DATA
Default		510.90.9050.00000.15678482.6270.200.00000.20.9132			
One-Time		260.05.0375.00400.51000001.6275.447.11316.00.0000			

**LABOR**

Workgroup	Description	Labor Type	Worker	Hours	Amount	Cost	Billable	Charge
	Data - Move Service No WF - DATA SVC MAC LABOR			1	75.00	75.00	Y	75.00
								<b>75.00</b>

Materials	3,080.48
Labor	3,375.00
Total S.O. Charges	<u>6,455.48</u>
Assets	0.00
Total Project Cost	<u><u>6,455.48</u></u>

1131601 - State Hygienic Laboratory at the University of Iowa - Repair Walls, Carpet and Ceiling in Select Rooms from Water Damage

Cost Summary



GL Transactions	GL Key	Description	Date	Amount	Project	Sub Code	PO #	Subledger Acct
	10 260 05 0375 00400 51000001 6275	INFRASTRUCTURE LABOR	3/26/25	\$2,850.00	1131601	447		
	10 260 05 0375 00400 51000001 6275	DATA SVC MAC LABOR	3/26/25	\$525.00	1131601	447		
	10 260 05 0375 00400 51000001 6275	INFRASTRUCTURE MATERIALS	3/26/25	\$2,445.24	1131601	447		
	10 260 05 0375 00400 51000001 6275	WAP MATERIALS	3/26/25	\$635.24	1131601	447		

**The University of Iowa - Transaction Detail Report**  
**Fiscal Year 2025, Accounting Period 09 - MARCH 2025**  
**260-05-0375-00400-51000001-00-**  
**BuildUI Project Phase Number**

Quick Jump    Acctg Prd 09, FY 2025 / MARCH 2025   

GENERAL EXPENSE										
	lact	Oact	Dact	Cctr	Description	Journal ID	Eff Date	Amount	SLID/SLAC	User ID
	6275	447	11316	0000	INFRASTRUCTURE LABOR	ITSCHARGES	3/26/2025	\$2,850.00		
	6275	447	11316	0000	WAP MATERIALS	ITSCHARGES	3/26/2025	\$635.24		
	6275	447	11316	0000	DATA SVC MAC LABOR	ITSCHARGES	3/26/2025	\$525.00		
	6275	447	11316	0000	INFRASTRUCTURE MATERIALS	ITSCHARGES	3/26/2025	\$2,445.24		

## General Ledger Master File Key Validation - Enter MFK

Please enter the MFK that you wish to validate in the form below, and press "Submit". You can also (optionally) provide a specific date to check the MFK against.

Each individual chart field that comprises the 40 character MFK must be populated with an existing chart field value in order for the validation tool to retrieve the proper "Result" field message of either "Valid" or "Invalid". This includes if all zeros for a field like Sdept or Oacct for example, will be used for a transaction, then the zeros must be entered, i.e. blanks are not legitimate values for any chart field. In addition, existing valid chart field values must be populated for each chart field for the validation tool to work as expected, E.g. an Iacct of '0000' does not exist so if it's entered to the validation tool, then the Result message will correctly display "Invalid", along with the reason the MFK is invalid.

If the status of a WhoKey is the only information you need, then please use the WhoKey Administration application to look that up.

<b>Fund</b>	<b>Org</b>	<b>Dept</b>	<b>Sdept</b>	<b>Grant/Program</b>	<b>Iacct</b>	<b>Oacct</b>	<b>Dacct</b>	<b>Fn</b>	<b>Cctr</b>
<input type="text" value="260"/>	<input type="text" value="05"/>	<input type="text" value="0375"/>	<input type="text" value="00400"/>	<input type="text" value="51000001"/>	<input type="text" value="6275"/>	<input type="text" value="444"/>	<input type="text" value="11316"/>	<input type="text" value="00"/>	<input type="text" value="0000"/>

**Date (optional):**   
(mm/dd/yyyy)

**Result:** Valid - Valid MFK

### Chartfield Descriptions:

**Fund:** Stores Srvc Revolving Dpt Svc  
**Org:** VP Finance and Operations  
**Dept/Sdept:** Build UI  
**Grant/Program:** BuildUI Project Phase Number  
**Iacct:** Telecommunication Variable Chg  
**Fn:** Not Assigned  
**Cctr:** Not Assigned