

MEMBERS OF COUNCIL

HON. KIM REYNOLDS GOVERNOR

HON. PAUL D. PATE SECRETARY OF STATE

HON. ROB SAND AUDITOR OF STATE

HON. ROBY SMITH TREASURER OF STATE

HON. MIKE NAIG SECRETARY OF AGRICULTURE

## Executive Council of Iowa

CAPITOL BUILDING DES MOINES, IOWA 50319 PHONE: 515 281-5368

October 7, 2024

Accounting Department Office of the Treasurer Lucas Building 321 E 12<sup>th</sup> Street Des Moines, IA, 50319

The Executive Council, in a meeting held on this date, approved payment of the following cost item:

This represents full and final payment, \$1.10 will be reverted and this allocation closed.

EXECUTIVE COUNCIL OF IOWA

Kristi Onstot

Kristi Onstot

**Executive Secretary** 

cc: Adam Steen, Director, Department of Administrative Services

DAS Fleet Services, Risk

Matt Bender, Department of Management

Heather Hackbarth, Department of Management

## 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 Facsimile (515) 281-6518

September 13, 2024

Victoria Newton Executive Council L O C A L

Subject: Deer Damage to Vehicle #2356 on October 26, 2023

Department of Administrative Services

Claim dated November 7, 2023

AOS Claim ID: 3632

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

Documented request\$2,006.95Executive Council Allocation\$2,008.05

Less:

cc:

Previous payments \$ 0.00 This payment \$ 2,006.95

Total \$ 2,006.95

Remaining Executive Council allocation \$ 1.10

We recommend reimbursement be made in the amount of \$2,006.95. This represents <u>full</u> and <u>final</u> payment of the loss. The remaining allocation should be reverted to the State Treasury.

Sincerely,

Brian R. Brustkern, CPA Deputy Auditor of State

Bri R. B.S.

Adam Steen, Director, Department of Administrative Services Mariah Fucaloro, Fleet Services Manager, Department of Administrative Services



Date: February 15, 2024

To: Tammy Hollingsworth, Auditor of State

Victoria Newton, Treasurer of State

**Executive Council** 

From: Karl Bubser, Fleet Administrator

**DAS Fleet Services** 

Department of Administrative Services

## Re: REIMBURSEMENT REQUEST - 29C20 Claim

| AOS Claim #         | 3632                                 |
|---------------------|--------------------------------------|
| Vehicle / Event     | #2356/Animal                         |
| Event Date          | October 26, 2023                     |
| Summary             | Vehicle 2356 struck a deer. (269053) |
| Amount<br>Requested | \$2,006.95 - TOTAL                   |

The Department of Administrative Services, Central Procurement Fleet Services Enterprise, has paid all vendors to date. We are seeking an allocation for those funds under 29C20 Contingency Fund – Disaster Aid. Please deposit into the following account: **0665-005-5790-0657**.

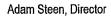
If you have any questions or need additional information, please do not hesitate to contact me.

Thank you,

Karl Bubser, Fleet Administrator DAS Fleet Services

karl.bubser@iowa.gov

515-281-3162





Date: November 7, 2023

To: Tammy Hollingsworth, Auditor of State

Victoria Newton, Treasurer of State

**Executive Council** 

From: Mariah Flowers, Fleet Manager

**DAS Fleet Services** 

Department of Administrative Services

Re: ALLOCATION REQUEST - 29C20 Claim for Executive Council Consideration

| Vehicle / Event          | #2356   |
|--------------------------|---|
| Event Date               | Oct 26, 2023  |
| Summary                  | Vehicle 2356 struck a deer. (269053)                                  |
| Amount<br>Requested      | \$2,148.61 - Estimate   |
| Supporting Documentation | 29C20 Email Notification, Accident Report, Repair Estimate(s), Photos |

If you have any questions or are in need of additional information, please do not hesitate to contact me.

Thank you,

Mariah Fucaloro, Fleet Manager

**DAS Fleet Services** 

Mariah.Fucaloro@iowa.gov

515-414-6582

## OF OF STATE OF STATE

## 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 Facsimile (515) 281-6518

December 28, 2023

Victoria Newton Executive Council L O C A L

Subject:

Deer Damage to Vehicle #2356 on October 26, 2023

Department of Administrative Services

Claim dated November 7, 2023

AOS Claim ID: 3632

In accordance with Executive Council policy, we have examined the claim for 29C.20 funds for the above-mentioned damage. It is our conclusion that the above damage incurred by the Department of Administrative Services is covered by Chapter 29C.20 of the Code of Iowa. The Department requested an allocation of \$2,148.61; however, the estimate from the vendor includes sales tax of \$140.56. This amount will be deducted from the Department's request. Therefore, we recommend an Executive Council allocation in the amount of \$2,008.05, subject to an audit of <u>actual</u> invoices.

Sincerely,

Ernest H. Ruben, Jr., CPA Deputy Auditor of State

cc: Adam Steen, Director, Department of Administrative Services Mariah Fucaloro, Fleet Services Manager, Department of Administrative Services Heather Hackbarth, Department of Management

<u>Menu</u>

|              | Fiscal Year | Warrant Number | Line Number | Line Amount | Issued     | Redeemed | Vendor Customer |  |
|--------------|-------------|----------------|-------------|-------------|------------|----------|-----------------|--|
| $\checkmark$ | 2024        | 72911780       | 1           | \$189.00    | 02/06/2024 |          | 00003028866     |  |
|              | 2024        | 72911780       | 2           | \$75.00     | 02/06/2024 |          | 00003028866     |  |
|              | 2024        | 72911780       | 3           | \$587.50    | 02/06/2024 |          | 00003028866     |  |
|              | 2024        | 72911780       | 4           | \$1,155.45  | 02/06/2024 |          | 00003028866     |  |

First Prev Next Last

| Search ₹₺                           | - <del> </del>   |  |
|-------------------------------------|--|--|
|                                     |  |  |
| <b>▼</b> Warrant Information        |  |  |
| Fiscal Year : 2024                  |  | \$2,006.95   |
| Warrant Number : 72911780           | Vendor Customer :  | Compression and the Compre |
| Line Number : 1                     | Last Updated :   | 2/6/24   |
| ▼Issue Information                  |  |  |
| Issued : 02/06/2024                 | 1 V  | oid:   |
| Document ID : RISK0052              |  | eate:  |
| Document Line Number : 1            |  | top:   |
| Line Amount : \$189.00              |  |  |
| Comments :                          | CHARACTER STATE CONTRACTOR STATE CONTRAC |  |
| ▼Redeemed Information               |  |  |
| Redeemed :                          | Batch Nu   | ımber :  |
| Redeemed Bank :                     | Sequence Nu  | ımber :  |
| Redeemed Fund :                     |  | TO 2010CTRAC BUSTAGA PRAGMONYPP  |
| Redeemed Department :               |  |  |
|                                     |  |  |
| ▼ <u>Fund Accounting</u> Fund: 0665 | Ohioc  | t: 2715 Dept Object :  |
| Sub Fund :                          | Sub Objec  | f  |
| Department : 005                    | Object Class   |  |
| Unit: 5790                          | Revenue Source   | <u> </u>   |
| Sub Unit :                          | Sub Revenue Source   |  |
| Appropriation: 0000                 | Revenue Source Class   | <u> </u>   |
| Appropriation:                      | Revenue Source Class   |  |
|                                     | Sub BSA  |  |
| ▼Detail Accounting                  |  |  |
| Location :                          | Reporting :  | Major Program :  |
| Sub Location :                      | Sub Reporting :  | Program :  |
| Activity: 2920                      | Task :   | Phase:   |
| Sub Activity:                       | Sub Task :   | Program Period :   |
| Function :                          | Task Order :   |  |
| Sub Function :                      | Janes de Carlos de La Carlos de | oran terrorian d   |
|                                     |  | · · · · · · · · · · · · · · · · · · ·  |

<u>Top</u>



## NORTH IOWA COLLISION CENTER INC.

Serving your car, light & heavy duty truck, heavy equipment & RV repair needs.

11201 265TH ST, CLEAR LAKE, IA 50428

Phone: (641) 421-8555 FAX: (641) 421-8558 Workfile ID: PartsShare: 22832144 7CLVpM

Federal ID: Resale Number: Federal EPA: 87-2591068 1-17-020011 IAR000007856

### Final BIII

RO Number: 24907

Customer: Iowa Lottery Insurance:

Adjuster:

Estimator:

Zach Seltun

QCS

Phone:

Create Date:

10/26/2023

Claim:

APDSOI0269053-00

1

Loss Date:

Deductible:

2019 DODG Grand Caravan SE 4D VAN 6-3.6L Flex Fuel Sequential MPI White

VIN: 2

2C4RDGBG7KR780683

Interior Color: Exterior Color: Mileage In:

144,068

Vehicle Out:

License: State: ETR671 IA

Production Date:

10/2019

White

Mileage Out: Condition:

Job #:

| Line | Ver         | Operation      | Description              | Qty | Extended<br>Price \$ | Part<br>Type | Labor | Туре | Paint |
|------|-------------|----------------|--------------------------|-----|----------------------|--------------|-------|------|-------|
| 1    | E01         |                | FRONT BUMPER             |     |                      |              |       |      |       |
| 2    | E01         | Remove/Replace | O/H front bumper         |     |                      |              | 2.0T  | Body |       |
| 3    | E01         | Remove/Replace | Bumper cover             | 1   | 315.00T              | A/M          | 0.0T  | Body | 3.0T  |
| 4    | E01         |                | Add for Clear Coat       |     |                      |              |       |      | 1.2T  |
| 5    | E01         | Remove/Install | Air shield               |     |                      |              | 0.0T  | Body |       |
| 6    | E01         | Remove/Install | RT Bezel w/o fog lamp    |     |                      |              | 0.0T  | Body |       |
| 7    | E01         | Remove/Install | LT Bezel w/o fog lamp    |     |                      |              | 0.0T  | Body |       |
| 8    | E01         | Remove/Install | License mount            |     |                      |              | 0.2T  | Body |       |
| 9    | <b>S</b> 02 | Remove/Replace | LT Bumper cover retainer | 1   | 13.00T               | A/M          |       |      |       |
| 10   | E01         |                | GRILLE                   |     |                      |              |       |      |       |
| 11   | E01         | Remove/Replace | Upper grille chrome      | 1   | 471.00T              | A/M          | 0.0T  | Body |       |
| 12   | S02         | Remove/Replace | Emblem "Dodge"           | 1   | 91.65T               | OEM          | 0.0T  | Body |       |
| 13   | S02         | Remove/Replace | Spring push nut          | 2   | 6.40T                | OEM          | 0.0T  | Body |       |
| 14   | E01         | Remove/Install | Lower grille             |     |                      |              | 0.0T  | Body |       |
| 15   | E01         |                | VEHICLE DIAGNOSTICS      |     |                      |              |       |      |       |
| 16   | E01         | Remove/Replace | Pre-repair scan          | 1   | 98.90T               | OEM          |       |      |       |
| 17   | E01         | Repair         | Pre Repair Scan Labor    |     |                      |              | 0.5T  | Mech |       |
| 18   | E01         | Remove/Replace | Post-repair scan         | 1   | 141.50T              | OEM          |       |      |       |
| 19   | E01         | Repair         | Post Repair Scan Labor   |     |                      |              | 0.5T  | Mech |       |
| 20   | E01         |                | Flex Additive            | 1   | 5.00T                | Other        |       |      |       |
| 21   | E01         |                | Tint Color               |     |                      |              |       |      | 0.5T  |
| 22   | E01         |                | Color Sand & Polish      | 1   | 5.00T                | Other        | 0.5T  | Body |       |

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Page 1

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural

## RO Number: 24907

2019 DODG Grand Caravan SE 4D VAN 6-3.6L Flex Fuel Sequential MPI White

23 E01 24 **S02**  Hazardous Waste Fuel Surcharge

1 3.00T Other 5.00T A/M

| Estimate Totals   | Discount \$ | Markup \$ | Rate \$ | <b>Total Hours</b> | Total \$ |
|-------------------|-------------|-----------|---------|--------------------|----------|
| Parts             |             |           |         |                    | 1,155.45 |
| Labor, Body       |             |           | 70.00   | 2.7                | 189.00   |
| Labor, Refinish   |             |           | 125.00  | 4.7                | 587.50   |
| Labor, Mechanical |             |           | 75.00   | 1.0                | 75.00    |
| Subtotal          |             |           |         |                    | 2,006.95 |
| Sales Tax         |             |           |         |                    | 0.00     |
| Grand Total       |             |           |         |                    | 2,006.95 |
| Net Total         |             |           |         |                    | 2,006,95 |

1

| Estimate Version               | Total \$ |
|--------------------------------|----------|
| Original                       | 1,979.85 |
| Supplement S01                 | 0.00     |
| Supplement S02                 | 27.10    |
| Insurance Total \$:            | 2,006.95 |
| Received from Insurance \$:    | 0.00     |
| Balance due from Insurance \$: | 2,006.95 |
| Customer Total \$:             | 0.00     |
| Received from Customer \$:     | 0.00     |
| Balance due from Customer \$:  | 0.00     |

12/28/2023 1:34:00 PM

T = Taxable Item, RPD = Related Prior Damage, AA = Appearance Allowance, UPD = Unrelated Prior Damage, PDR = Paintless Dent Repair, A/M = Aftermarket, Rechr = Rechromed, Reman = Remanufactured, OEM = New Original Equipment Manufacturer, Recor = Re-cored, RECOND = Reconditioned, LKQ = Like Kind Quality or Used, Diag = Diagnostic, Elec = Electrical, Mech = Mechanical, Ref = Refinish, Struc = Structural



Risk, DAS <das.risk@iowa.gov>

## 29C20

Risk, DAS <das.risk@iowa.gov>

Fri, Oct 27, 2023 at 8:56 AM

<Tammy.Hollingsworth@aos.iowa.gov> Draft To: TOS ExecutiveCouncil <executivecouncil@tos.iowa.gov>, Tammy Hollingsworth

forward all information as soon as it is received Please accept this email as initial 24 hr notification for AON, vehicle 2356 struck a deer on 10/26/23. I will

repairs to vehicles once approval is given. reports and estimates are due within 72 hours of an accident. Agencies have 60 days to complete All accidents must be reported via email or phone to Fleet Services within 24 hours. All accident

Thank you,



# DAS Fleet Services, Risk

Iowa Department of Administrative Services

Division of Business and Property Services

Office: 515-725-2243

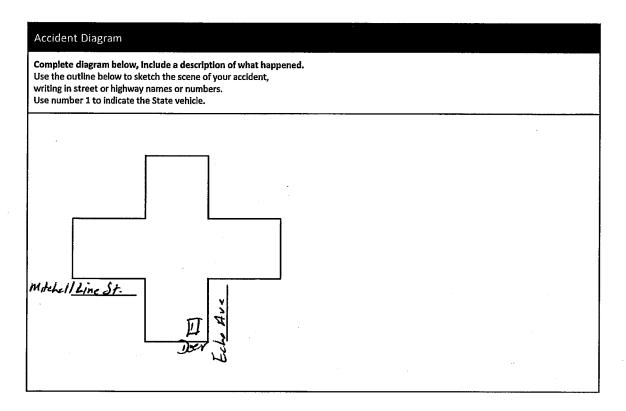
Das.Risk@iowa.gov

https://das.iowa.gov

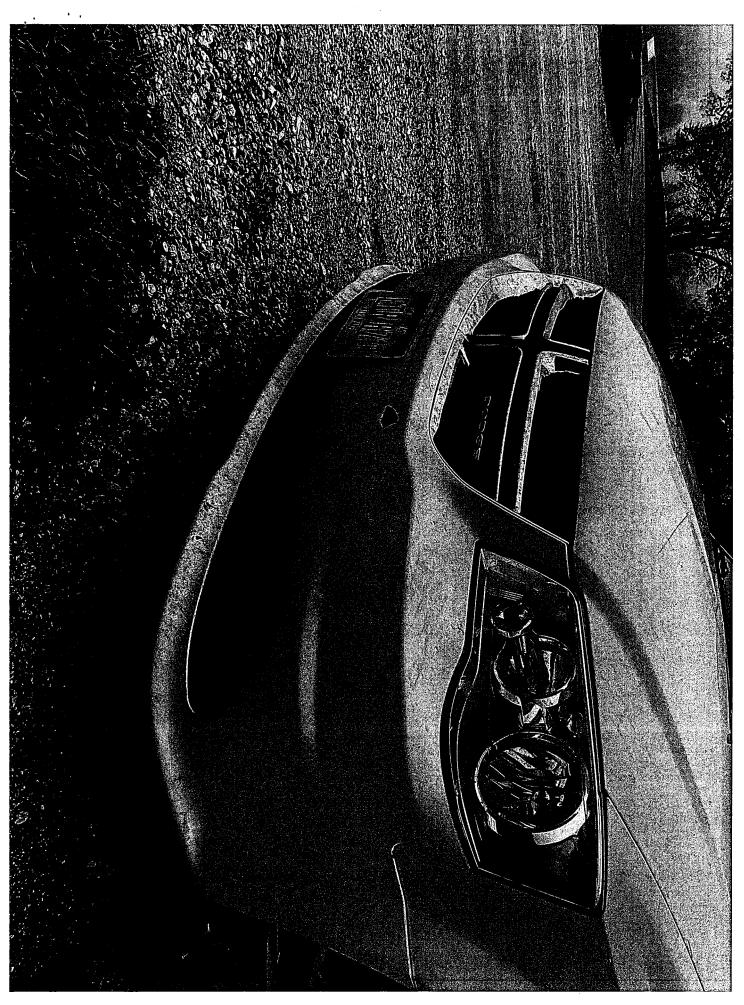
## **Vehicle Accident Report**

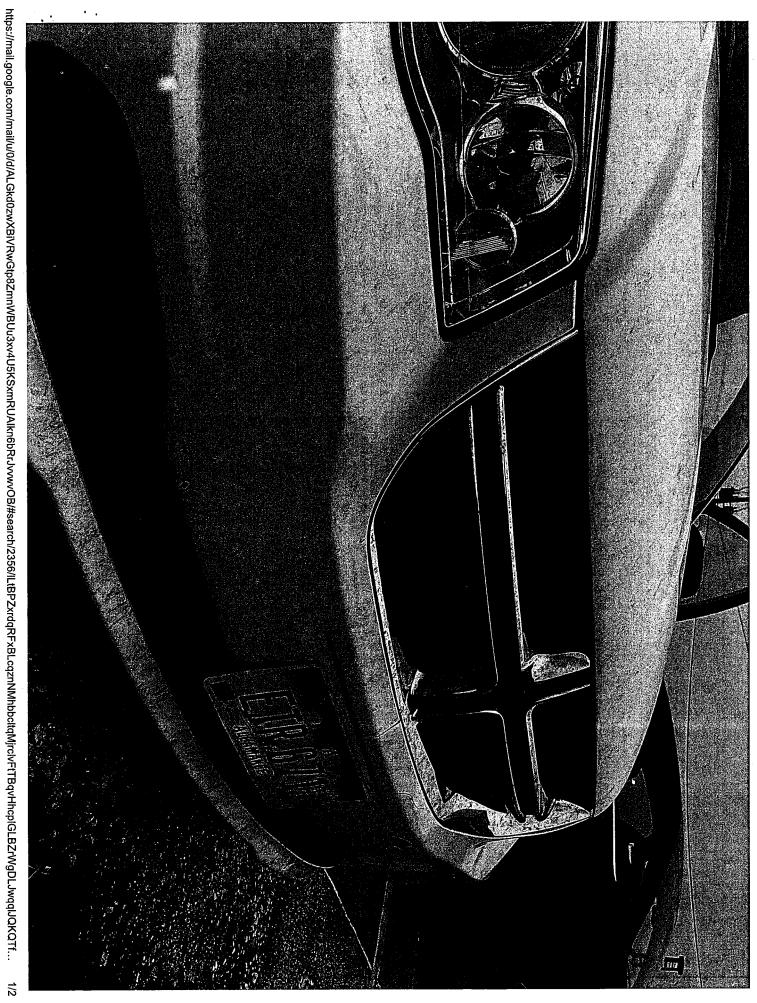
| Time and location of accide    | ent                           |                       |                                       |  |  |  |
|--------------------------------|-------------------------------|-----------------------|---------------------------------------|--|--|--|
| Accident Date (Mo/Day/Year)    |                               | Time }                | No. of/Vehicles                       |  |  |  |
| 10/26/2                        | 3                             | 6:15 Am               | /                                     |  |  |  |
| County                         |                               |                       |                                       |  |  |  |
| Fland                          |                               | State                 |                                       |  |  |  |
| Vehicle 1 (State vehicle)      |                               |                       |                                       |  |  |  |
| Driver's Name                  |                               | Work Street Address   | , , , , , , , , , , , , , , , , , , , |  |  |  |
| Perry B                        | Perce                         | 2900 4745+ 5.4        |                                       |  |  |  |
| Driver's License No./State     |                               | City, State, Zip      |                                       |  |  |  |
| 9704448                        | 42                            | Mason City I          | n 50401                               |  |  |  |
| Date of Birth                  | Department                    | Work Phone            | Home Phone                            |  |  |  |
| 04/04/62                       | LOTTERY                       | 515-608-0795          | 1.41.430-8573                         |  |  |  |
| License Plate No.              | VIN                           | Year, Make, Model     | 011.10-0-1                            |  |  |  |
| GTR 671                        | 2C4RD GBG7KR 760              | 683 2019 Dods         | o Cornan                              |  |  |  |
| Estimate (\$) of Damage        |                               | Description of Damage |                                       |  |  |  |
| 210000                         |                               | Bumper-grill          |                                       |  |  |  |
| · .                            |                               |                       |                                       |  |  |  |
| Vehicle 2 (other vehicle) if r | more than two vehicles-use ac | dditional forms       |                                       |  |  |  |
| Driver's Name                  |                               | Street Address        |                                       |  |  |  |
| None                           |                               |                       |                                       |  |  |  |
| Driver's License No./State     |                               | City, State, Zip      |                                       |  |  |  |
|                                | , i                           |                       |                                       |  |  |  |
| Date of Birth                  | Work Phone                    | Home Phone            | License Plate No.                     |  |  |  |
|                                |                               |                       |                                       |  |  |  |
| Description of Damage          |                               |                       |                                       |  |  |  |
|                                |                               |                       |                                       |  |  |  |
|                                |                               |                       |                                       |  |  |  |

| Property Damage other than vehicle (fence, utility pole, | etc)                            |
|--|---------------------------------|
| Owner's Name, Address and Phone                          | Description of Property Damaged |
| None   |                                 |
| Injured Persons (attach additional sheets if necessary)  |                                 |
| Vehicle No. 1/ Name and Address                          | Describe Injuries               |
| Mone   |                                 |
| Vehicle No. 2/ Name and Address                          | Describe Injuries               |
| None   |                                 |
| Witness  |                                 |
| Name None  | Address/Phone                   |
|  |                                 |
| Name   | Address/Phone                   |
|  |                                 |



|                                     | Accident Information Exchange Sheet  |
|-------------------------------------|--|
| Other Vehicle information           |  |
| Driver's Name                       |  |
| Street Address                      |  |
| Driver Phone                        |  |
| Driver's License No./State          |  |
| Vehicle Plate No.                   |  |
| Vehicle year, make, model           |  |
| VIN ·                               |  |
| Insurance Company Name              |  |
| Policy No.                          |  |
| Agent name                          |  |
| Agent phone                         |  |
| Owner's Name/Address (if different) |  |
| Submit this information a           | along with the accident report to DAS Fleet Service within 72 hours of the accident.   |
| Complete the n                      | ext section, tear at the dotted line and give to the other party involved.   |
|                                     |  |
| State Vehicle Insurance Info        | rmation  |
| Driver's Name                       | ·  |
| Driver's License No./State          |  |
| Vehicle Plate No.                   |  |
| Vehicle year, makel, model          |  |
| VIN                                 |  |
|                                     | The State of Iowa is self-insured. ou have any questions regarding an accident, please contact DAS Fleet Services at 515-281-3162 of DAS.Risk@iowa.gov |







## **NORTH IOWA COLLISION CENTER** INC.

Serving your car, light & heavy duty truck, heavy equipment & RV repair needs. 11201 265TH ST, CLEAR LAKE, IA 50428

Phone: (641) 421-8555 FAX: (641) 421-8558

Workfile ID: PartsShare:

Federal EPA:

22832144 7CLVpM 87-2591068

Federal ID: 1-17-020011 State ID: Resale Number: 1-17-020011

## IAR000007856

## **Preliminary Estimate**

**Customer: Iowa Lottery** 

Written By: Zach Seltun

Insured:

**Iowa Lottery** 

Policy #:

Claim #:

Type of Loss:

Point of Impact: 12 Front

Date of Loss:

Days to Repair: 0

Owner:

Iowa Lottery

**Inspection Location:** 

**Insurance Company:** 

NORTH IOWA COLLISION CENTER INC.

11201 265TH ST CLEAR LAKE, IA 50428

Repair Facility

(641) 421-8555 Business

## **VEHICLE**

2019 DODG Grand Caravan SE 4D VAN 6-3.6L Flex Fuel Sequential MPI White

VIN:

2C4RDGBG7KR780683

Interior Color:

Mileage In:

144,068

License:

ETR671

Exterior Color:

Mileage Out:

Vehicle Out:

ΙA

White

State:

Production Date:

10/2019

Condition:

Job #:

**TRANSMISSION** 

Automatic Transmission

**POWER** 

Power Steering Power Brakes **Power Windows** Power Locks

**Power Mirrors Heated Mirrors** 

**DECOR** 

**Dual Mirrors Body Side Moldings** 

Privacy Glass Overhead Console Wood Interior Trim CONVENIENCE

Air Conditioning Intermittent Wipers

Tilt Wheel

Cruise Control

Rear Defogger Keyless Entry

Steering Wheel Touch Controls

Rear Window Wiper

Telescopic Wheel Climate Control **Dual Air Condition** Backup Camera

**RADIO** AM Radio FM Radio Stereo

Search/Seek CD Player

**Auxiliary Audio Connection** 

SAFETY

Drivers Side Air Bag Passenger Air Bag Anti-Lock Brakes (4) 4 Wheel Disc Brakes Traction Control Stability Control

Front Side Impact Air Bags Head/Curtain Air Bags

**SEATS** 

Cloth Seats

**Bucket Seats** 

Reclining/Lounge Seats

3rd Row Seat

Retractable Seats

WHEELS

Styled Steel Wheels

**PAINT** 

Clear Coat Paint

**OTHER** 

Rear Spoiler California Emissions

**TRUCK** 

Rear Step Bumper

Get live updates at <a href="https://www.carwise.com/e/4D4G4H">www.carwise.com/e/4D4G4H</a>

308486 Page 1 10/26/2023 12:51:46 PM

## **Preliminary Estimate**

## **Customer: Íowa Lottery**

2019 DODG Grand Caravan SE 4D VAN 6-3.6L Flex Fuel Sequential MPI White

| Line | Оре             | r Description                          | Part Number | Qty | Extended<br>Price \$ | Labor | Paint |
|------|-----------------|--|-------------|-----|----------------------|-------|-------|
| 1    | FRONT BUMPER    | ······································ |             |     |                      |       | ,     |
| 2    |                 | O/H front bumper                       |             |     |                      | 2.0   |       |
| 3    | ** Rep          | l A/M Bumper cover                     | 68088966AB  | 1   | 315.00               | Incl. | 3.0   |
| 4    |                 | Add for Clear Coat                     |             |     |                      |       | 1.2   |
| 5    | R&              | Air shield                             |             |     |                      | Incl. |       |
| 6    | R&              | RT Bezel w/o fog lamp                  |             |     |                      | Incl. |       |
| 7    | R&              | LT Bezel w/o fog lamp                  |             |     |                      | Incl. |       |
| 8    | R&              | License mount                          |             |     |                      | 0.2   |       |
| 9    | GRILLE          |  |             |     |                      |       |       |
| 10   | ** Rep          | I A/M Upper grille chrome              | 68088969AC  | 1   | 471.00               | Incl. |       |
| 11   | Rep             | l Emblem "Dodge"                       | 68146394AA  | 1   | 91.65                | Incl. |       |
| 12   | R&              | Lower grille                           |             |     |                      | Incl. |       |
| 13   | VEHICLE DIAGNOS | TICS                                   |             |     |                      |       |       |
| 14   | * Rep           | l Pre-repair scan                      |             | 1   | <u>98.90</u> m       |       |       |
| 15   | # Rp            | Pre Repair Scan Labor                  |             |     |                      | 0.5 M |       |
| 16   | * Rep           | l Post-repair scan                     |             | 1   | <u>141.50</u> m      |       |       |
| 17   | # Rp            | Post Repair Scan Labor                 |             |     |                      | 0.5 M |       |
| 18   | #               | Flex Additive                          |             | 1   | 5.00                 |       |       |
| 19   | #               | Tint Color                             |             | 1   |                      |       | 0.5   |
| 20   | #               | Color Sand & Polish                    |             | 1   | 9.00                 | 0.9   |       |
| 21   | #               | Hazardous Waste                        |             | 1   | 5.00                 |       |       |
|      |                 |  | SUBTOTALS   |     | 1,137.05             | 4.1   | 4.7   |

## **ESTIMATE TOTALS**

| Category         | Basis       |   | Rate         | Cost \$  |
|------------------|-------------|---|--------------|----------|
| Parts            |             |   |              | 1,137.05 |
| Body Labor       | 3.1 hrs     | @ | \$ 70.00 /hr | 217.00   |
| Paint Labor      | 4.7 hrs     | @ | \$ 70.00 /hr | 329.00   |
| Mechanical Labor | 1.0 hrs     | @ | \$ 90.00 /hr | 90.00    |
| Paint Supplies   | 4.7 hrs     | @ | \$ 50.00 /hr | 235.00   |
| Subtotal         |             |   |              | 2,008.05 |
| Sales Tax        | \$ 2,008.05 | @ | 7.0000 %     | 140.56   |
| Grand Total      |             |   |              | 2,148.61 |