U. S. DEPARTMENT OF THE INTERIOR

OFFICE OF AVIATION SERVICES 300 E MALLARD DRIVE, SUITE 200

BOISE, IDAHO 83706-3991



						-	
		AIRCRAF	T MAINTEN	IANCE EST	IMATE FORM		
VENDOR Street/PO Box				CONTRACT,	P.O OR PR#:		
City, State, Zip Code	NEW OR MODIFICATION						
REPRESENTATIVE: PHONE:	DATE				TIMATE:		
FAX:	EST COMPLETION DATE						
E-MAIL				_			
			WORK F	REQUESTE	D		
AIRCRAFT 'N' #				STAF	RT DATE:		
MAKE & MODEL:	VENDOR WO#						
	PAGE(S) ATTACHED: YES NO						
					SUB-		
DESCRIPTION OF WORK	LABOR HOURS*	HOURLY RATE*	LABOR COST	PARTS COST	CONTRACT COST	SHIPPING COST	REMARKS
				-			
				-			
ATTACHMENT:							
	SUB TOTALS						
	ESTIMATE TOTAL						
*Not required for Flat Rate line i							
Approval is only given for t	he work identifi	ed here and a	pproved on thi	s form. Any ad	ditional work abov	ve this limit mus	t be approved in
accordance with the terms		prior to comm		vork or the ven	dor does so at the	1	
DOI CONTACTS:	PHONE		E-MAIL			APPR	ROVAL SIGNATURE
SUBMIT TO DOIL48Flee							
Andrea Esparza COR	208-433-5083			sparza@ios Boles@ibo			
Stephanie Boles _{CO} Travis Shepherd COR	202-601-9010						
Matthew Allen CO	208-867-9774 <u>Travis Shepherd@ios.doi.gov</u> Matthew A Allen@ibc.doi.gov						
Xanthe Otterstedt ^{CO}	703-914-3719		-	tterstedt@ik			
Alternate CO							
Start with (1) the first No	stop.		DOI USE (ONLY			
(1). Is A/C located by one contract vendor in same city?					YES		No
(2). Is contract vendor an OEM Authorized Service Center?					YES		No
(3). Was contract vendor chosen by Best Value Comparison?					YES		No
(4). Is contract vendor albe to meet requird delivery date?					YES		No
"Cost/expenses invoice	d against th	is work will					
XXXD4523WA Revolvi							
will be issued immediat anticipated revenue cor							
maintenance activities.		and fund,	anding 15				