

Submit this form at completion of flooring work QAP RFR No.: _____

A PROJECT CONTACT INFORMATION:

.01 Project Name: _____

Project Address: _____

.02 Flooring Contractor: _____

Address: _____

Phone: _____ Email: _____

.03 NFCA Quality Assurance Project Reviewer: _____

Address: _____

Phone: _____ Email: _____

Inspector Assigned: _____ Phone: _____

B PROJECT COSTING:

Initial Contract Cost: \$ _____ Final Contract Cost: \$ _____

C SINGLE STAGE QAP REVIEW COSTS:

Final Contract amount up to \$100,000 Minimum charge \$ _____

OR Final Contract amount between \$100,001 and \$200,000 charge
(5% of final contract amount) \$ _____

Final Contract amount between \$200,001 and \$1,000,000 \$ _____
(ADD additional charge of 2% for the amount over \$200,000)

For amounts over \$1,000,000, add 1% of that portion: \$ _____

TRAVEL COSTS:

Own vehicle mileage over 100 km _____ km @ \$ _____ = \$ _____

Air fare (attach invoice) \$ _____

Car rental (attach invoice) \$ _____

Hotel accommodation (attach invoice) \$ _____

Meals (attach receipts) or daily meal allowance @ \$ _____ per day \$ _____

FINAL QAP REVIEW COST \$ _____