

**EXHIBIT B
 PRICING SCHEDULE**

A) The price for semi-annual inspection and service on compressed air system shall be as follows:

CLIN	DESCRIPTION	TOTAL PRICE
1001	Semi-annual (Twice Per Year) Inspection and Maintenance Services on Compressed Air System March 1, 2016 to February 28, 2017	\$
1002	Semi-annual (Twice Per Year) Inspection and Maintenance Services on Compressed Air System March 1, 2017 to February 28, 2018	\$
1003	Semi-annual (Twice Per Year) Inspection and Maintenance Services on Compressed Air System March 1, 2018 to February 28, 2019	\$

B) Repair Services . Task Orders. The following hourly rates shall apply to those services or repairs to compressed air system which are outside those listed in the Statement of Work / Scope of Work.

Hourly Basic Labor Rate: \$ _____

Hourly Overtime Labor Rate**: \$ _____

**Overtime may be charged only if pre-approved by CATA and separately itemized as an extra cost at the agreed rates. Overtime rates will be for work performed outside the hours of 8:00 a.m. and 5:00 p.m. and on Sundays and Holidays. Time will be computed from the time leaving for CATA site to the time leaving the CATA site.

C) CATA will reimburse the Contractor for the cost of material used in repairing CATA equipment at the actual cost paid by the Contractor for the material, less discounts, rebates, and other adjustments allowed Contractor, plus the following percent of net cost, which shall be itemized as outlined in Exhibit A on Contractor's invoice:

\$0 - \$999 - _____
 \$1,000 and above - _____

D) Other Charges:

Fixed Fee truck charge per visit for non-preventative maintenance service / repair calls: \$ _____
 Fixed Fee Gas Surcharge per visit for non-preventative maintenance service / repair calls: \$ _____
 Fixed Fee charges (other) per visit for non-preventative maintenance service / repair calls (please list and label each charge separately . if any): \$ _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR QUOTE