JOB COST BREAKDOWN

Date: _____ Contractor's Name: _____

Project Name: _____

_____

Please complete this form. We realize that this information is subject to change and that you may only have tentative prices or only prices that you have estimated or may not have decided on a specific subcontractor for each trade. Thank You.

SUBCONTRACTOR	BONDED	TYPE OF TRADE OR SERVICE	CONTRACT AMOUNT

TOTAL AMOUNT TO BE SUBCONTRACTED - $ _____

YOUR LABOR COST-WORK YOU ARE ACTUALLY DOING - - - - - - - - - - - - - - $ _____
YOUR MATERIAL COST-WORK YOU ARE ACTUALLY DOING - - - - - - - - - - - $ _____
YOUR EQUIPMENT RENTAL COST - $ _____
OTHER COSTS (PLEASE EXPLAIN) - $ _____

_____

_____

OVERHEAD - $ _____
PROFIT (%) - $ _____
TOTAL (should be the same as your estimated contract amount) - - - - - - - - - - - - - - $ _____

RETAINAGE (%)

COMMENTS: _____

_____

_____

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