

LANCASTER COUNTY
ATTACHMENT 1
UNIT PRICE QUOTATION
AUDIO & VISUAL REPAIRS AND REPLACEMENT, BID NO. 13-293

Date: _____

TO DEPARTMENT/AGENCY REPRESENTATIVE: _____
FROM (CONTRACTOR): _____
PROJECT NUMBER: _____
PROJECT DESCRIPTION: _____

When making a quotation please breakdown the Total Cost into the following categories: Labor, Materials, Equipment, Overhead and Subcontractors Costs. Fill in the following Tables in the areas as shown. If an item does not apply, please do not make an entry in that column.

TIME OF COMPLETION

Estimated Start Date	
Number of Days to Complete	

LABOR COST TABLE

CONTRACTOR	RATE	NO. HOURS	TOTAL \$ AMOUNT
Laborer			
Other			
TOTAL LABOR			

EQUIPMENT AND MATERIAL COSTS

ITEM	COST	% of Markup	TOTAL \$ AMOUNT
Total Equipment Costs			
Total Materials Cost			
Total Shipping Cost			

SUBCONTRACTORS COSTS

SUB-CONTRACTOR (NAME)	COST	% of Markup	TOTAL \$ AMOUNT
Sub No. 1			
Sub No. 2			
Sub No. 3			
Sub No. 4			
Sub No. 5			

TOTAL PRICE (NOT TO EXCEED) \$

FIRM: _____
BY: _____
ADDRESS: _____

Change Order #: _____
 Accepted: _____
 Not Accepted: _____

PHONE _____ **APPROVED BY:** _____
Department/Agency Representative

DATE: _____