

CITY OF LINCOLN LANCASTER COUNTY AND PUBLIC BUILDING COMMISSION
ATTACHMENT 1

UNIT PRICE QUOTATION
FOR CARPET/UPHOLSTERY CLEANING, BID NO. 12-142

Date: _____

TO DEPARTMENT/AGENCY REPRESENTATIVE: _____

FROM (CONTRACTOR): _____ **CLEANMAX**

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 - REGULAR HOURS

CONTRACTOR	RATE	NO. HOURS	TOTAL \$ AMOUNT
Carpet Cleaning (Per Sq. Yard)	\$0.72		
Upolstery (Per Hour)	\$30.00		
Water Damage (Per Hour)	\$30.00		
Deoderizing (Per Sq. Yard)	\$0.09		
Other (Per - please state)			
Other (Per - please state)			
Other (Per - please state)			
TOTAL LABOR			

EQUIPMENT AND MATERIAL COSTS

ITEM	COST	% of Markup	TOTAL \$ AMOUNT
Total Equipment Costs		0%	
Total Materials Cost			

TOTAL PRICE (NOT TO EXCEED)

\$	
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FIRM: _____

BY: _____

ADDRESS: _____

Change Order #: _____

Accepted: _____

Not Accepted: _____

PHONE _____ **APPROVED BY:** _____

Department/Agency Representative

DATE: _____