

CITY OF LINCOLN LANCASTER COUNTY AND PUBLIC BUILDING COMMISSION  
ATTACHMENT 1

**UNIT PRICE QUOTATION**  
FOR DEMOLITION BID 12-149

Date: \_\_\_\_\_

**TO DEPARTMENT/AGENCY REPRESENTATIVE:** \_\_\_\_\_

**FROM (CONTRACTOR):** \_\_\_\_\_ **LEGRAND EXCAVATING, INC.**

**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
Truck Driver	\$30.00		
Equipment Operator	\$35.00		
Labor	\$30.00		
Other	\$0.00		
<b>TOTAL LABOR</b>			

**EQUIPMENT AND MATERIAL COSTS**

ITEM	COST	% of Markup	TOTAL \$ AMOUNT
Total Rental Equipment Costs		10%	
Total Materials Cost		10%	
Total Shipping Cost			

**EQUIPMENT**

ITEM	COST	NO. HOURS	TOTAL \$ AMOUNT
Hydraulic Excavator - Crawler - Per Hour	\$110.00		
Crawler Tractor - Per Hour	\$90.00		
Crawler Loader - Per Hour	\$90.00		
Skid Loader - Per Hour	\$60.00		
Dump Truck - Per Hour	\$40.00		
Total Equipment Cost - Per Hour	\$0.00		

**SUBCONTRACTORS COSTS**

SUB-CONTRACTOR (NAME)	COST	% of Markup	TOTAL \$ AMOUNT
Sub No. 1		10%	
Sub No. 2		10%	
Sub No. 3		10%	
Sub No. 4		10%	
Sub No. 5		10%	

**TOTAL PRICE (NOT TO EXCEED)**

**\$** \_\_\_\_\_

**FIRM:** \_\_\_\_\_

**BY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

Change Order #: \_\_\_\_\_

Accepted: \_\_\_\_\_

Not Accepted: \_\_\_\_\_

Department/Agency Representative

**DATE:** \_\_\_\_\_