

CITY OF LINCOLN\LANCASTER COUNTY AND PUBLIC BUILDING COMMISSION  
ATTACHMENT 1

**UNIT PRICE QUOTATION**  
MECHANICAL (H.V.A.C.) SERVICES, BID NO. 12-152

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

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

**FROM (CONTRACTOR):** \_\_\_\_\_ **Johnson Controls, 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
Supervisor	\$75.00		
Service Technician	\$73.00		
Service Helper	\$73.00		
Sheet Metal Mechanic	\$0.00		NO BID
Sheet Metal Helper	\$0.00		NO BID
Service Trip Charge	\$35.00		
Other	\$0.00		
<b>TOTAL LABOR</b>			

**EQUIPMENT AND MATERIAL COSTS**

ITEM	COST	% of Markup	TOTAL \$ AMOUNT
Total Rental Equipment Costs		25%	
Total Materials Cost		30%	
Total Shipping Cost			

**SUBCONTRACTORS COSTS**

SUB-CONTRACTOR (NAME)	COST	% of Markup	TOTAL \$ AMOUNT
Sub No. 1		25%	
Sub No. 2		25%	
Sub No. 3		25%	
Sub No. 4		25%	
Sub No. 5		25%	

**TOTAL PRICE (NOT TO EXCEED)**

\$

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

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

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

\_\_\_\_\_

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

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

Department/Agency Representative

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

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

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

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