

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

UNIT PRICE QUOTATION

OVERHEAD DOOR AND ACCESSORY REPAIR AND REPLACEMENT BID 14-161

Date: _____

TO DEPARTMENT/AGENCY REPRESENTATIVE: _____

FROM (CONTRACTOR): Pioneer Overhead Door, 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	\$78.00		
Skilled Helper	\$78.00		
Laborer	\$78.00		
Other	\$0.00		
TOTAL LABOR			

EQUIPMENT AND MATERIAL COSTS

ITEM	COST	% of Markup	TOTAL \$ AMOUNT
Total Rental Equipment Costs		15%	
Total Materials Cost		30%	
Total Shipping Cost	\$0.00		

SUBCONTRACTORS COSTS

SUB-CONTRACTOR (NAME)	COST	% of Markup	TOTAL \$ AMOUNT
Sub No. 1		20%	
Sub No. 2		20%	
Sub No. 3		20%	
Sub No. 4		20%	
Sub No. 5		20%	

TOTAL PRICE (NOT TO EXCEED)

\$

FIRM: _____

BY: _____

ADDRESS: _____

PHONE _____

APPROVED BY: _____

Department/Agency Representative

DATE: _____

Change Order #: _____

Accepted: _____

Not Accepted: _____