

CITY OF LINCOLN\LANCASTER COUNTY AND PUBLIC BUILDING COMMISSION

ATTACHMENT 1

UNIT PRICE QUOTATION

MOVING SERVICES, Quote 4639

Date: _____

TO DEPARTMENT/AGENCY REPRESENTATIVE:

FROM (CONTRACTOR): Select Van & Storage - Mayflower Transit

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
Supervisor	\$30.00 Per Hour		
Truck Driver	\$30.00 Per Hour		
Laborer	\$30.00 Per Hour		
Mileage	\$8.00 Flat rate		
Other			
TOTAL LABOR			

EQUIPMENT AND MATERIAL COSTS

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

SUBCONTRACTORS COSTS

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

TOTAL PRICE (NOT TO EXCEED)

\$ _____

Pricing for projects under this contract shall not exceed \$5,000.00

FIRM: _____

BY: _____

ADDRESS: _____

PHONE _____

APPROVED BY: _____

Change Order #: _____

Accepted: _____

Not Accepted: _____

Department/Agency Representative

DATE: _____