

**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):** Flat Rate Movers LLC \_\_\_\_\_

**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	\$52.00 Per Hour		
Truck Driver	\$47.00 Per Hour		
Laborer	\$32.00 Per Hour		
Mileage	\$1.10 Per Mile*		
Other			
<b>TOTAL LABOR</b>			

\*Per Mile charge is between locations during the move.

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