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

# UNIT PRICE QUOTATION

**DEMOLITION SERVICES, Spec. 12-149**

**Date:** _____

**TO DEPARTMENT/AGENCY REPRESENTATIVE:** _____

**FROM (CONTRACTOR):** _____

**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 |
|---|---|---|---|
| Truck Driver | | | |
| Equipment Operator | | | |
| Laborer | | | |
| Other | | | |
| **TOTAL LABOR** | | | |

## EQUIPMENT AND MATERIAL COSTS

| ITEM | COST | % of Markup | TOTAL $ AMOUNT |
|---|---|---|---|
| Total Equipment Costs | | | |
| Total Materials Cost | | | |
| Total Shipping Cost | | | |

## SUBCONTRACTORS COSTS

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

**TOTAL PRICE (NOT TO EXCEED)** $

**FIRM:** _____

**BY:** _____

**ADDRESS:** _____

_____

**PHONE** _____

Change Order #: _____

Accepted: _____

Not Accepted: _____

**APPROVED BY:** _____

Department/Agency Representative

**DATE:** _____