

TOTAL CONTRACT AMOUNT -

95 N. Research Dr. Suite 100 Edwardsville, IL 62025 Tel: 800.556.2663

Fax: 618.692.9865

\$

2236 Mason Ln Ballwin, Mo 63021 Tel: 888.868.6560

Fax: 314.821.5779

JOB COST BREAKDOWN FORM

Date:	Contractor:		
Project Name:			
NOTE: Please provide the following information which pertains to the above referenced project. Even though you may only have tentative prices and you may not have decided on the subcontractor that you will use, complete this form to the best of your ability. We realize that this information is subject to change.			
	SUBCONTRACTOR	TYPE OF TRADE	CONTRACT AMOUNT
			\$
			\$
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			\$
			\$
CONTRACTOR LABOR COST -			\$
CONTRACTOR MATERIAL COST -			\$
CONTRACTOR EQUIPMENT RENTAL COST -			\$
OTHER COSTS - (EXPLAIN):			\$
OTHER COSTS - (EXPLAIN):			\$
CONTRACTOR OVERHEAD AND PROFIT -			\$