

**01 26 56 - FORM FOR PRICE OF TIME**

SBC Project Number:	Project Name:
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Work itemized below provided by: \_\_\_\_\_

Proposal Number: _____	Date Itemized: _____	Page _____	of _____	pages
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Description	Period Cost	Period (Year, Month, Week, Day)	Cost Per Day
Superintendent Salary			
Superintendent Vehicle			
General Use Vehicles			
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Field Office			
Field Office Equipment			
Computer			
Fax Machine			
Copier			
Typewriter			
Calculator			
Field Office Utilities			
Electricity			
Natural Gas			
Water Service			
Drinking Water			
Telephone Service			
On-Site Storage			
Shed			
Trailer			
Safety Program			
Cleaning			
Site Toilet(s)			

Cells with red underline (if viewed in color) are for you to fill in. Other cells are protected. Math functions show rounded to penny, but carry exact value for calculations. Let embedded math do its work. Use "Year", "Month", "Week", or "Day" for period. This spreadsheet is available on the Owner's Designers' Manual website. See A201 7.3.11.1 for Class 1 time.

**Subtotal of Costs:**  
 5% for Profit:  
**Total per day:**