01 26 56 - FORM FOR PRICE OF TIME

SBC Project Number: Project	Name:					
Work itemized below provided by:						
Proposal Number:	Date	Itemized:		Page	of	pages
Description	Period Cost		Period (Year, Month, Wee	ek. Dav)	С	ost Per Day
Superintendent Salary			(, , , , , , , , , , , , , , , , , , ,	, -3,		
Superintendent Vehicle						
General Use Vehicles						
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.			Subtotal of 0 10% for Ov al with Over 5% fo Total pe	erhead: rhead: or Profit:		