STATE OF NEVADA
DEPARTMENT OF TRANSPORTATION
COST ANALYSIS

CONTRACT NO.: _____ DATE: _____

IN REFERENCE TO: _____ SHEET ____ OF ____
(LOA or CM #)

DESCRIPTION OF WORK:

CATG NO.: _____

LABOR

Classification	Hours	Pay Rate	Amount
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
Total payroll.....			**$ 0.00**
Labor Surcharge @.....		23.82%	$ 0.00
Fringe Benefits @..... $ 0.00	/hr for	0.00 hrs	$ 0.00
Fringe Benefits @..... $ 0.00	/hr for	0.00 hrs	$ 0.00
Fringe Benefits @..... $ 0.00	/hr for	0.00 hrs	$ 0.00
Fringe Benefits @..... $ 0.00	/hr for	0.00 hrs	$ 0.00
Subtotal.....			$ 0.00
+ 25.00% on all labor costs.....			$ 0.00
TOTAL COSTS OF LABOR		**(A)**	**$ 0.00**

EQUIPMENT

Description	Hours	Rate	Amount
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
			$ 0.00
Subtotal.....			**$ 0.00**
+ 20.00% on equipment costs.....			$ 0.00
TOTAL COST OF EQUIPMENT		**(B)**	**$ 0.00**

MATERIAL

Description	Inv/Quote#	Amount
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
Subtotal.....		**$ 0.00**
+ 0.00% on material costs.....		$ 0.00
+ 0.00% Sales Tax (if paid).....		$ 0.00
TOTAL COST OF MATERIALS	**(C)**	**$ 0.00**

GRAND TOTAL (A+B+C) **$ 0.00**

Use Agreed Price _____

Rev 11-16