

**COST SUMMARY FORM
TEMPLATE**

AGENCY:
REST AREA:
DATE:

PERIOD: 9/1/2013 - 8/31/2014

	STAFFING	NO.	HOURS	DAYS	WK. HRS.		WAGE	LABOR \$
	SUPERVISOR				0		\$ -	\$ -
	WORKER				0			\$ -
	WORKER				0			\$ -
1	TOTAL WEEKLY COST							\$ -
2	MONTHLY DIRECT LABOR							\$ -
3	FRINGE BENEFITS		@					\$ -
4	MATERIALS/SUPPLIES							
5	EQUIPMENT							
6	ADMIN/OVERHEAD		@					\$ -
7	COST PER MONTH							\$ -
8	TOTAL ANNUAL PROPOSED							\$ -
9	CURRENT CONTRACT							
10	% INCREASE							#DIV/0!
11	CONSUMABLES							

12. EXPLANATION/JUSTIFICATION NOTES:

Authorized By: _____
Title: _____