



Job Name: _____
 Job Number: _____
 Contract To: _____
 Contract Number: _____

Exhibit E

Labor Rate Price Sheet

A separate form is to be filled out per trade classification.

Trade:	_____		
Cost Item:	Straight Time	Over Time	Double Time
Base Rate:	\$ _____	\$ _____	\$ _____
Taxes:			
FICA:	\$ _____	\$ _____	\$ _____
Federal Unemployment:	\$ _____	\$ _____	\$ _____
State Unemployment:	\$ _____	\$ _____	\$ _____
Insurance:	\$ _____	\$ _____	\$ _____
Workers Compensation:	\$ _____	\$ _____	\$ _____
Liability Insurance:	\$ _____	\$ _____	\$ _____
Benefits (List)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Sub Total:	\$ _____	\$ _____	\$ _____
Overhead and Profit 15%	\$ _____		
Total Wage:	\$ _____	\$ _____	\$ _____