THE
BOND EXCHANGE
AND INSURANCE AGENCY

24800 CHRISANTA DR., STE 160
MISSION VIEJO, CA 92691
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JOB COST BREAKDOWN

Contractor Name:_____

Project Owner: _____

Project Name: _____

Trade/Service/Supplier Description	Will this be Subcontracted ? **Yes or No**	Estimated Value of Work or Service	Will Sub/Supplier be Bonded? **Yes or No**
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	

Total Estimated Labor Costs: $_____

Total Estimated Material Costs: $ _____

Total Estimated Equipment Costs: $_____

Contingency, if any: $_____

Other Miscellaneous Costs: *(provide details):* $_____

Estimated Profit: $_____

Estimated Overhead Expense: $_____

Total Estimated Profit: $_____

Total Project Estimate: $_____