

INDEPENDENT ESTIMATE FOR CONSULTING SERVICES

DIRECT SALARY COST (Composite):

BREAKDOWN OF WORK	MAN-HOURS	AVERAGE RATE OF PAY	ESTIMATED COST
TOTALS →			\$

OVERHEAD COST (Including payroll additives) _____ % \$ _____

NET FEE \$ _____

NON-SALARY COST:

- A. TRAVEL AND PER DIEM \$ _____
- B. REPRODUCTION EXPENSES \$ _____
- C. COMPUTER EXPENSE \$ _____
- D. COMMUNICATION \$ _____
- E. SAMPLING AND TESTING \$ _____
- F. OUTSIDE CONSULTANTS \$ _____
- G. OTHER (Specify) \$ _____

- TOTAL \$ _____

SUB-TOTAL \$ _____

*CONTINGENCIES \$ _____

GRAND TOTAL \$ _____

AGENCY	FILE NO.	PROJECT NO.
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PROJECT TITLE _____

ESTIMATE PREPARED BY (Signature)	DATE
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* Use only on cost plus net fee type of payment.

