

Cost Estimate Form For Extra Work

Contractor: _____

Date: _____

Description of Work:

(Please attach a separate sheet if required)

| Hourly Rate as per Contract | | | | | |
|---|--------------|-----------------------|---------------------------------------|--------------|----------------|
| I Direct Costs | No. of Hours | Fire Alarm Technician | Sprinkler & Fire Protection Installer | Electrician | Total |
| i Direct Labour | | | | | |
| Repair Work Labour | | | | | |
| Emergency Calls Labour | | | | | |
| Total Direct LabourOther Labour (Specify: _____) | | | | | \$ _____ (i) |
| ii Direct Material Costs * | | | | | |
| Replacement Parts | | | | | |
| Repair Parts | | | | | |
| Other Material (Specify: _____) | | | | | |
| Total Direct Material Costs | | | | | \$ _____ (ii) |
| iii Other Direct Costs | | | | | |
| Other (Specify: _____) | | | | | |
| Total Other Direct Costs | | | | | \$ _____ (iii) |
| II Total Price | | | | Total | |
| Total Direct Costs (i + ii + iii) (GST/HST extra) | | | | | \$ _____ |

Materials will be charged at our laid-down cost plus a mark-up in accordance with Pricing Schedule 2.

Name: _____

(Please print)

Signature: _____