

APPENDIX F

STANDING OFFER COST ESTIMATE QUOTE FORM

Name of Personnel	Category		Number of Hours
DISBURSEMENTS (Estimated)	1		
At cost without allowance for mark-up or pgeographic location outside of which disbu			s. Please reference StandingOffer for
(specify and enter limit)			
		\$	
		\$	
		\$	
Maximum Amount for Disbursements		\$	
TOTAL FIXED FEE (Based on Category/Num	ber of Hours)	\$	
TOTAL FEE (Fixed Fee plus Disbursements)	\$	
The prime consultant and other members otherwise authorized to provide the neces or territorial law.			
Name (Printed)			
Signature	Date		

