

## THE UNIVERSITY OF AKRON

Capital Planning & Facilities Management Lincoln Building, 3<sup>rd</sup> Floor Akron, Ohio 44325-0405

## **Change Order Estimate Summary** (Fill in all required information and submit with supporting documentation for each change order) Change Order Number: \_\_\_\_-\_ Project Number: Project Name: Date: \_\_\_\_\_ A. LABOR SUMMARY (excluding fringe benefits): hours x \$\_\_\_\_/hour = \$\_ \_\_\_\_/hour = \$ hours x \$ /hour = \$ Total [A]: \$ hours x \$ B. FRINGES: \_\_\_\_\_ hours x \$\_\_\_\_\_/hour = \$\_ hours x \$\_\_\_\_\_/hour = \$\_\_\_\_\_ hours x \$ /hour = \$ Total [B]: \$\_\_\_\_\_ C. EQUIPMENT RENTAL (attach quotes/invoices): Total [C]: \$\_\_\_\_\_ D. OWNED EQUIPMENT (attach supporting documentation): Total [D]: \$ Total [E]: \$ E. TRUCKING: F. OVERHEAD ((A+B+C+D+E) X 15%): Total [F]: \$ G. MATERIAL (attach supporting documentation): Total [G]: \$\_\_\_\_\_ Total [H]: \$\_\_\_\_\_ H. PROFIT ((A+B+C+D+E+F+G) X 10%): I. SUBCONTRACTOR (attach quotes/invoices): Total [I]: \$ Total [J]: \$ J. CONTRACTOR MARK-UP ON SUBCONTRACTOR (I X 5%): K. MISCELLANEOUS: 1. Additional bond/insurance cost (attach supporting documentation): 2. Premium portion of approved overtime: hours x /hour = \$ hours x \$\_\_\_\_\_/hour = \$\_\_\_\_\_ hours x\$\frac{1}{2} \text{hour} = \$\frac{1}{2} 3. Fees for permits, licenses, inspection, tests, etc (attach supporting documentation): Overnight lodging, travel and food (prior approval from CP is required): Total [K]: \$\_\_\_\_\_

GRAND TOTAL (A+B+C+D+E+F+G+H+I+J+K): \$