

The Grayhawk Companies

1740 N Collins Blvd., Ste 200, Richardson, TX 75093
 Phone: 972-671-9105 Fax: 972-671-9804

JOB COST BREAKDOWN

Contractor: _____ Date: _____

Obligee: _____

Project Name: _____

Please complete the following information as it applies to the above project. Even though you may only have tentative process and you may not have decided on the subcontractor that you will use, please complete this form. We realize this information is subject to change.

Name of Subcontractor	Bond Required	Type of Trade or Services	Contract Amount
	___ Yes ___ No		\$
	___ Yes ___ No		\$
	___ Yes ___ No		\$
	___ Yes ___ No		\$
	___ Yes ___ No		\$
	___ Yes ___ No		\$
	___ Yes ___ No		\$
	___ Yes ___ No		\$
	___ Yes ___ No		\$
	___ Yes ___ No		\$
	___ Yes ___ No		\$
	___ Yes ___ No		\$
	___ Yes ___ No		\$
	___ Yes ___ No		\$
	___ Yes ___ No		\$
	___ Yes ___ No		\$
YOUR LABOR COST – For Work You Are Actually Doing			\$
YOUR MATERIAL COST – For Work You Are Actually Doing			\$
YOUR EQUIPMENT RENTAL COST			\$
OTHER COSTS (Explain)			\$
OTHER COSTS (Explain)			\$
YOUR OVERHEAD & PROFIT:			\$
THE TOTAL SHOULD BE THE SAME AS THE CONTRACT AMOUNT			\$

X _____
 Signature Title

 Printed Name Date