



485 Main Street  
P.O. Box 481  
Lewiston, ME 04243  
Tel (207) 753-7300  
Fax (207) 753-7310

Contractor: \_\_\_\_\_  
Project Name: \_\_\_\_\_  
Project Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**JOB COST BREAKDOWN**

- i. Labor \_\_\_\_\_
- ii. Material \_\_\_\_\_
- iii. Subcontractors \_\_\_\_\_
- iv. Overhead \_\_\_\_\_
- v. Profit \_\_\_\_\_
- vi. Miscellaneous \_\_\_\_\_

**Total:** \_\_\_\_\_

(Name/Material)	SUPPLIERS (Dollar Amount)	(Name of Surety)
1. _____		
2. _____		
3. _____		

(Name/Trade)	SUBCONTRACTORS (Dollar Amount)	(Name of Surety)
1. _____		
2. _____		
3. _____		

(Attach Separate Sheet if Necessary)