

Bid Form

BID NUMBER

Email form back to: estimating@ashtoncc.com

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PROJECT NAME

ESTIMATED START DATE

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JOB LOCATION

ESTIMATED DATE OF
COMPLETION

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Owner Information

COMPANY NAME	CONTACT NAME
ADDRESS	
OWNER EMAIL	OWNER PHONE

Subcontractor Information

COMPANY NAME	CONTACT NAME
ADDRESS	
SUBCONTRACTOR EMAIL	SUBCONTRACTOR PHONE

Scope of Work

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Materials and Services Not Included

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Agreement Terms

PROPOSAL MAY BE WITHDRAWN IF NOT ACCEPTED BY THE DATE OF	

Acceptance of Proposal

Proposed costs, specifications, and conditions detailed above are accepted, and specified work is authorized to begin on the agreed-upon date. Payment for services rendered will be made as specified.

AUTHORIZED CLIENT SIGNATURE

DATE OF ACCEPTANCE

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Cost Breakdown

MATERIAL	UOM	QTY	RATE	TOTAL
TOTAL MATERIALS				

LABOR	HOURS	RATE	AMOUNT
TOTAL LABOR			

MISCELLANEOUS CHARGES	AMOUNT
TOTAL MISCELLANEOUS	

TOTAL MATERIALS	
TOTAL LABOR	
TOTAL MISCELLANEOUS	
SUBTOTAL	
enter % TAX RATE	
TOTAL TAX	
TOTAL	