



FACILITIES PLANNING AND MANAGEMENT  
PROJECT ESTIMATE WORKSHEET

*This form should be completed for all ANR facilities projects and submitted to FPM prior to beginning of work.*

PROJECT DESCRIPTION			
<b>CENTER:</b>	Choose an item.	<b>PROJECT NUMBER:</b> <i>assigned by FPM</i>	<b>PROJ. MANAGER:</b> <i>assigned by FPM</i>
<b>PROJECT NAME:</b>			
<b>DESCRIPTION:</b>			
			<b>DATE:</b>

LABOR AND SUMMARY OF EFFORT			
UNIT / DESCRIPTION	HOURS	RATE	TOTAL
	5	10	\$ 0.00

PURCHASES / EQUIPMENT	UNIT	QTY	PRICE/RATE	AMOUNT
1.				\$ 0.00
2.				\$ 0.00
3.				\$ 0.00
<b>SUBTOTAL=</b>				\$ 0.00

CONTRACTOR INFORMATION <i>use separate PEW for each Contractor</i>									
NAME									
ADDRESS									
LICENSE NO.									
<b>Prevailing wages?</b>	<input type="checkbox"/>	<b>DIR Registration?</b>	<input type="checkbox"/>	<b>Certificate of Insurance?</b>	<input type="checkbox"/>	<b>Bonds (over \$25,000)?</b>	<input type="checkbox"/>	<b>W-9? (new vendors)</b>	<input type="checkbox"/>
<b>CONTRACT TOTAL=</b>									

YOU ARE AUTHORIZED TO PROCEED WITH THIS WORK TO THE LIMITS SHOWN ABOVE	
<b>ACCOUNT NO:</b>	<b>SUB-ACCT:</b>
<b>ACCOUNT NO:</b>	<b>SUB-ACCT:</b>
<b>FUNDING APPROVAL:</b>	<b>DATE:</b>

*After Project Number is assigned, a copy will be returned to the Center.*