

**University of Illinois
CONTRACTOR'S/ASSIGNED SUBCONTRACTOR'S
SCHEDULE OF VALUES
(LUMP SUM CONTRACTS)**

Project: _____
Contract Division: _____

Firm: _____
Project #: _____

DESCRIPTION OF CONTRACT PAYMENT ITEMS						COST BREAKDOWN		
Line No.	CSI Section	Payment Item	Assigned Subcontractor/ Subcontractor/ Supplier/Vendor (where applicable)	MBE/WBE/ PBE* Status	Estimated Quantity	Material & Equipment	Installation (Labor, Eq, etc)	Total
Subtotal Forward (if applicable):						\$	\$	\$
1								
2								
3								
4								
5	00 70 00	Bonds and Insurance			%			
6	00 70 00	Overhead and Profit			%			
7		AS #1 CONTRACT DIVISION <i>(for Contractor only)</i>						
8		AS #2 CONTRACT DIVISION <i>(for Contractor only)</i>						
9		AS #3 CONTRACT DIVISION <i>(for Contractor only)</i>						
10		AS #4 CONTRACT DIVISION <i>(for Contractor only)</i>						
11		AS #5 CONTRACT DIVISION <i>(for Contractor only)</i>						
Total Contract Price						\$	\$	\$

ASSIGNED SUBCONTRACTOR'S CERTIFICATION	CONTRACTOR'S CERTIFICATION	PROFESSIONAL SERVICES CONSULTANT APPROVAL **	OWNER APPROVAL**
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Assigned Subcontractor: _____ By: _____ Date: _____	Contractor: _____ By: _____ Date: _____	PSC: _____ By: _____ Date: _____	Owner: <u>Board of Trustees of the University of Illinois</u> By: _____ Date: _____
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*Indicate if subcontractor is a MBE, WBE or PBE, otherwise leave blank. Attach certification form for all MBE/WBE/ PBE subcontractors/vendors/suppliers identified herein.

** PSC and Owner's approvals only required for Contractor's Schedule of Values since Assigned Subcontractor's Schedule of Values are inclusive.

Sheet No. _____ of _____