

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

Project: _____
Contract Division: _____

Contractor: _____
Project #: _____

DESCRIPTION OF CONTRACT PAYMENT ITEMS						COST BREAKDOWN		
Line No.	CSI Section	Payment Item	Subcontractor/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								
6								
7								
8								
9								
10	00 70 00	Bonds and Insurance			%			
11	00 70 00	Overhead and Profit			%			
Total Contract Price						\$	\$	\$
CONTRACTOR'S CERTIFICATION				PROFESSIONAL SERVICES CONSULTANT AND OWNER APPROVALS				
Contractor: _____ By: _____ Date: _____				Board of Trustees PSC: _____ Owner: <u>University of Illinois</u> By: _____ By: _____ Date: _____ Date: _____				

*Indicate if subcontractor is a MBE, WBE or PBE, otherwise leave blank. Attach certification for all MBE/WBE/PBE subcontractors/vendors/suppliers identified herein.