

**SCHEDULE OF VALUES**  
\_\_\_\_\_ **UNIVERSITY**

ARCHITECT NAME:	CONTRACTOR'S NAME:	CONTRACT NUMBER:
ADDRESS:	ADDRESS:	DESCRIPTION:
APPROVED:  Signature	TELEPHONE NO.	
DATE:	TYPE OF CONTRACT:	

ITEM NO.	ITEM DESCRIPTION	NUMBER AND KIND OF UNIT	COST PER UNIT	MATERIAL COST	LABOR AND OTHER COST	EXTENDED PRICE

I (we) hereby certify that the above is a true and correct breakdown including all materials, accessories, labor, insurance, etc., per contract requirements.

\_\_\_\_\_  
Signature of Contractor's Authorized Representative

Title \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of University Representative (approval)

Title \_\_\_\_\_

Date \_\_\_\_\_