

Preliminary Cost Estimate

[Project Name]



Step 1	City of Norman Only
Contract No.	K-XXXX-XX [Project Address]
Contractor:	Name Address Line 1 Address Line 2
Description of Work:	_____

Step 2	Contractor				
Bid Item Description and Units					
No.	ITEM	UNIT	ESTIMATED QUANTITY	UNIT COST FROM BID	TOTAL
1				\$	\$
2				\$	\$
3				\$	\$
4				\$	\$
5				\$	\$
6				\$	\$
7				\$	\$
8				\$	\$
9				\$	\$
10				\$	\$
11				\$	\$
12				\$	\$
13				\$	\$
14				\$	\$
15				\$	\$
16				\$	\$
17				\$	\$
18				\$	\$
19				\$	\$
20				\$	\$
21				\$	\$
22				\$	\$
23				\$	\$
24				\$	\$
25				\$	\$
26				\$	\$
27				\$	\$
28				\$	\$
29				\$	\$
30				\$	\$
				TOTAL	\$

Contractor: _____
Name: _____
Title: _____
Date: ____ / ____ / ____

Step 3	City of Norman ONLY	Approval: Yes No
Date: ____ / ____ / ____	Name: _____	Comments _____
Name: _____	Title: _____	_____
Title: _____		_____
