

**SCHEDULE OF VALUES
KUTZTOWN 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 _____