**Facilities Project Services**
**Phone:** 610-683-4120
**Fax:** 610-683-1324

# WOC Proposal - Concrete/Paving

**CONTRACTOR:** _____

KU Project Number: _____ Date: _____

Description _____

**Unit Price Work**

| Unit Item Description | Contract Unit Rate | Quantity | | Total Cost |
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| | **Total Unit Price Work** | | | |

**Other Costs***

| Description | Contract Rate | Hours/Qty | | Total Cost |
|---|---|---|---|---|
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| | | | | |
| | **Total Other Costs** | | | |

* For work not specifically covered in the contract. All Rates must be pre-approved by the University.

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|---|---|---|---|
| | **Proposal Grand Total** | | |