

FDOT PROJECT INFORMATION

| | |
|-----------------------|------------------------|
| Financial Project ID: | Federal Project ID: |
| State Road Number: | County: |
| FDOT Plans Dated: | District Document No.: |

UTILITY AGENCY/OWNER (UAO)

| | | |
|------------------|----------------------------|---------|
| Utility Company: | Job No. or Work Order No.: | |
| UAO Project Rep: | Phone: | E-mail: |
| UAO Field Rep: | Phone: | E-mail: |

SECTION A: ITEMIZED COST ESTIMATE

| Item | Item Cost (\$) | Overhead (%) | Item Cost + Overhead (\$) |
|----------------------------------|----------------|--------------|---------------------------|
| Preliminary Engineering | | | |
| Right of Way Acquisition | | | |
| Construction Engineering | | | |
| Construction Labor | | | |
| Materials and Supplies | | | |
| Transportation & Equipment | | | |
| Contract Construction | | | |
| Miscellaneous Expenses | | | |
| Total Cost Estimate => | | | |

SECTION B: DEDUCTIONS

| Item | Item Value (\$) |
|-------------------------------|-----------------|
| Salvage Value | |
| Betterment | |
| Extended Service Life | |
| Total Deductions => | |

SECTION C: REIMBURSEMENT

| | |
|---------------------------------------|--|
| Total Cost Estimate from SECTION A => | |
| Total Deductions from SECTION B => | |
| Total Reimbursement* => | |

*Update the estimated Total Reimbursement for changes in excess of 10%

UTILITY SIGNATURE

| | |
|----------------|-------------------------|
| UAO Rep. _____ | Date ____ / ____ / ____ |
| Name _____ | |
| Title _____ | |