JOB COST ENVELOPE

Name________________________________ Job No._______________

Job Location________________________________

Send Bill to________________________________

Address________________________________

Date Commenced____________ Date Finished____________ Date Billed____________

MATERIAL

REQ. NO.		AMOUNT	
	TOTAL		

LABOR

DATE		AMOUNT	
	TOTAL		

DIRECT EXPENSE

DATE	ITEMS	AMOUNT	
	TOTAL		

SUMMARY OF COST

Total Material		
Sales Tax		
Labor — Productive		
Direct Expenses		
Overhead %		
Overhead Hrs. @ $		
Total Cost		
Estimated Cost		
Difference ±		
Selling Price		
NET Profit / Loss		

Name __________

Job No. __________

Form 443

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DIRECT EXPENSE
PLUMBING

DATE	ITEMS	AMOUNT	
	Sewer		
	Cesspool		
	Exception to Specifications		
	Compensation Insurance		
	Social Security Tax		
	Bonds		
	Permits		
	Street Replacement		
	Water Connection to Curb		
	Water Meter		
	TOTAL		

LABOR COST

DATE	EMPLOYEE	TOTAL HOURS	OVERTIME	COST	
	TOTAL				
	Soc. Sec., Ins., etc.				
	TOTAL LABOR COST				