

Florida Department of Transportation
UTILITY WORK ESTIMATE

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 _____
