

Equipment Worksheet - Form IV

Construction Cost Analysis
Rochester Housing Authority

Contractor (or **Sub**contractor) Name & Address:

Owned Equipment Rate

Blue Book Page	Equipment Description (year, make, model, size, HP, capacity, etc.)	Monthly Rate from Blue Book	Factored Daily Rate (Monthly Rate/30 days)	Factored Hourly Rate (Daily Rate/8hrs)	Hourly Operating Cost	Total Hourly Rate

Equipment Expense

Equipment Description	Time Rate (hourly, daily, monthly, etc.)	Time Used	Rate*	Quantity	Equipment Cost

Equipment Costs from additional worksheets _____

Total Contractor Equipment Costs for Form I(C)
(or **Sub**contractor Form V(C)) _____

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*Equipment Rate note: for contractor owned equipment use total hourly rate from this worksheet. For rented equipment use rate from attached invoice.