



Proposed Billing Rates

Date: _____

Company Name: _____

Address: _____

City / State / Zip: _____

Subject: Proposed Labor Classifications and Hourly Billing Rates for _____

Attention: Manager, Contract Services Office

Below are the highest anticipated hourly billing rates for the identified labor classifications.

Labor Classification	All Inclusive Billing Rate

Note: Proposed Billing Rates, as submitted, shall be reviewed, accepted, and incorporated as an exhibit to the agreement. The Proposed Billing Rates shall be effective throughout the life of the agreement in accordance with the agreement payment provision.

Respectfully,

Signature _____

Title _____

