

**State of Alaska
Department of Transportation
and Public Facilities**

**SCHEDULE OF VALUES
FOR
CONTRACT PAYMENTS**

Project Number _____
Project Name _____
Sheet _____ of _____

Name and Address of Contractor:

Contract Description:

Item No.	Description of Item	Quantity	Unit of Measure	Cost per Unit	Total Cost of Item	
(1)	(2)	(3)	(4)	(5)	(6)	
TOTALS						

Submitted by:

Approved:

_____ Contractor

_____ Date

_____ Project Manager

_____ Date

Note; If a lump sum bid, contractor to complete columns 1, 2 & 6. If unit price bid or if some items are unit price, contractor to complete all columns for the unit price items.