

STATE OF MONTANA

DEPARTMENT OF MILITARY AFFAIRS

Construction and Facilities Management Office 1956 Mt. Majo St. • P.O. Box 4789 • Fort Harrison MT 59636-4789 Phone: 406 324-3100 • Fax: 406 449-5148

SCHEDULE OF AMOUNTS FOR CONTRACT PAYMENT

Project Name:			DMA #: _ Date:		
Contra Add	actor:ress:				
DIV. NO.	DESCRIPTION	LABOR COSTS	MATERIAL COSTS	OTHER COSTS	TOTAL ITEM COST
		333.3	000.0	000.0	3331
	TOTAL COST THIS SHEET				
ТОТА	L COST - ADDITIONAL SHEETS				
	TOTAL PROJECT COST				
	ule of Values is a statement made by the Cont various portions of the Work and shall form the				he contract sum
Submitted	Ву:				
	Company/Contractor		Signature		Date
Reviewed	Ву:				
	Architect/Engineer		Signature		Date
Approved I	By: <u>CFMO Project Manager</u>				
			Signature		Date