Washington State
Department of Transportation

Proposed Billing Rates

Date: _____

Company Name: _____

Address: _____

City / State / Zip: _____

Subject: Proposed Labor Classifications and Hourly Billing Rates for <Enter Project Title>

Attention: Manager, Contract Services Office

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

Labor Classification	All Inclusive Labor Rate

Respectfully,

Signature _____

Title _____

Labor Classification	All Inclusive Labor Rate

If additional space is needed, you may submit multiple copies of page 2.