

**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.