

**CITY OF NEW ORLEANS
INDEPENDENT COST ESTIMATE**

REQUESTING AGENCY:	AUTHORIZED AGENCY REPRESENTATIVE & TITLE:	DATE ICE PREPARED:
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ESTIMATE PREPARED BY:	PREPARER'S PHONE NUMBER:	PREPARER EMAIL:
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PROJECT NAME:	PROJECT NUMBER:	REASON FOR ICE: Project Initiation / Plan Change #
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PROCUREMENT METHOD:	SMALL PURCHASE	SEALED BIDDING	RFP	RFQ	SOLE SOURCE	INTER-AGENCY	
PLACE CHECK IN APPROPRIATE BOX							

ESTIMATED WORK TYPE:	PUBLIC WORKS	MATERIALS + SUPPLIES	SERVICE CONTRACTS	A/E SERVICES	INTER-AGENCY MOU: PLEASE LIST AGENCY
PLACE CHECK IN APPROPRIATE BOX					

DESCRIPTION OF ITEM(S) OR SERVICE(S) REQUIRED:

ESTIMATE TYPE:	CHECK BOX BELOW	ARE COSTS WITHIN COST THRESHOLDS FOR PROCUREMENT METHOD AND WORK TYPE?	YES	NO
RS MEANS		IS THIS COST ESTIMATE FOR EMERGENCY SERVICES OR A/E SERVICES?	YES	NO
PUBLISHED PRICING / QUOTES		IS THIS FOR A MODIFICATION OF AN EXISTING CONTRACT?	YES	NO
OTHER:		<i>IF YES IS ANSWERED FOR ANY OF THE ABOVE ICE MUST BE ROUTED TO PURCHASING FOR APPROVAL.</i>		

NUMBER OF ATTACHMENTS:	LIST OF ATTACHMENTS:	
NUMBER PAGES ATTACHED (NOT INCLUDING THIS PAGE):		
GRAND TOTAL OF ESTIMATE:		Profit:

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ICE PREPARER'S SIGNATURE	DATE
PROJECT MANAGER'S SIGNATURE	DATE
PROJECT MANAGER SUPERVISOR'S SIGNATURE	DATE
AUTHORIZED AGENT'S SIGNATURE	DATE
PURCHASING DEPARTMENT AGENT'S SIGNATURE	DATE