



ADDITIONAL ITEMS FOR COST ESTIMATES FOR REPAIRS

Name of County Fair/Society: _____

Year: _____

NOTE: When work is to be done by contract, show estimate as one figure in the TOTAL column.

Project Number	Item of Work	Quantity	Unit Price	Labor Cost	Cost of Materials, Equip., etc.	TOTAL
Amount Requested on this Form						

Add the amount requested on this form from Form #104-A, and attach this form to Form #104-A