CO-STA Exhibit B Attachment

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Prin	t.	ΡO	rm	

☐ Change Order Agreement #: ☐ Supplemental Task Authoriz			ation #:			
CONSULTANT'S Personnel Hourly Rate Schedule for:						
	CONSULTANT or Sub-Consultant Name:					
(A separate Attachment #1 should b	e included for each Sub-Consultar	nt)				
Project Position or Classification (Function to be Performed)			2. Hourly Rate to be Charged			
			<u> </u>			
Reimbursable Item	Cost	Reimbursable Item	Cost			
			-			
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Lee County Board of County Commissioners - Procurement Management

Receipts or in-house logs are required for all non-personnel reimbursable expenses unless exempt (such as meals).

Administrative Services Fees - Applicable only when specifically authorized by the County, for administering the procurement of special

additional services, equipment, reimbursables, etc. not covered under the costs and/or changes established in the Agreement

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