CONTRACT FEE SECTION
PREVAILING WAGE RATE UNIT
BUREAU OF LABOR AND INDUSTRIES
800 N.E. OREGON ST., #32
PORTLAND, OR 97232
PHONE: (503) 731-4723
FAX: (503) 731-4606

PUBLIC WORK CONTRACT FEE ADJUSTMENT FORM

THIS FORM TO BE USED FOR RECONCILIATION OF FEES UPON COMPLETION OF PUBLIC WORKS PROJECTS
(As required by ORS 279.375 and OAR 839-016-0210)

CONTRACTORS: Complete and mail this form to BOLI at the above address after completion of the public work project and not less than 30 days after the final payment by the contracting agency. Contractors are required to determine the final contract price, including all change orders or other adjustments to the original contract price, and to calculate the adjusted prevailing wage rate fee based on the revised contract price. Documentation must be included to support the final contract price. Documentation of the final contract price may consist of change orders or other contract documents substantiating the amount of the contract. The prevailing wage rate fee of .001 (1/10th of 1%) shall be applied to the final contract price, with credit taken for fees already submitted. The contractor must submit any additional fee payable to BOLI with the adjustment form or requests for refund if applicable. **NO ADDITIONAL FEE IS REQUIRED TO BE PAID, AND REFUNDS WILL NOT BE MADE, FOR RECONCILED AMOUNTS OF LESS THAN $100.00.**

BUSINESS NAME (DBA):_____ **CCB#:**_____

MAILING ADDRESS:_____ **PHONE:**(____)_____
(STREET OR PO BOX #, CITY, STATE, ZIP)

PROJECT NAME:_____

PROJECT NUMBER:_____ **PROJECT LOCATION:**_____

AGENCY AWARDING CONTRACT:_____

DATE AWARDED:_____

FINAL CONTRACT AMOUNT:_____ **FINAL FEE DUE:**_____
(Include all change orders and adjustments to the contract price) **(Final Contract amount X .001)**

ORIGINAL CONTRACT AMOUNT:_____ **INITIAL FEE PAID:**_____
(Contract amount X .001)

BALANCE DUE*:_____ **REFUND DUE*:**_____

***Final contract fee less initial fee paid**

Sample Calculation:			
Final Contract Amount:	**$ 400,000.00**	**Final Fee Due:**	**$ 400.00**
Original Contract Amount:	**- 300,000.00**	**Initial Fee Paid:**	**- 300.00**
Total Adjustment:	**$ 100,000.00**	**Additional Amount Due:**	**$ 100.00**

(Please duplicate this form for future use)