STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
ARCHITECTURE AND ENGINEERING DIVISION
1520 EAST SIXTH AVENUE • P.O. BOX 200103 • HELENA MT 59620
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FORM 105

ARCHITECT/ENGINEER PERSONNEL RATE SCHEDULE

Project Name:_____ A/E #: _____
Location:_____

Architect/Engineer:_____ Date: _____
Address:_____ Phone: _____

The following are general categories of typical personnel positions and other expense items. Prior to submission to the A&E Division, this form should be modified by the Architect/Engineer to accurately reflect the organizational structure within the firm. Contact the A&E Division if the firm already has this information compiled in a different format and would like to submit it as such.

PERSONNEL	Name	Hourly Rate
Principal		
Associate		
Project Manager		
Project Architect		
Architect		
AIT		
Project Engineer		
Engineer		
EIT		
Designer		
Specification Writer		
Estimator		
Construction Administrator		
CAD/Drafting		
Clerical		
Direct Personnel Expense Multiplier		

OTHER	Rate	Unit
Survey Crew		
Construction Staking		
Mileage (car)		
Mileage (truck)		
Per Diem		
Lodging		

I hereby certify that this information is correct and accurately reflects those rates and amounts typical for all clients of this firm and are those rates that form the basis for negotiation of all fees for services under the Architect/Engineer Agreement and Addenda.

Submitted by: _____ (Firm Name) _____ (Architect/Engineer Signature) 1/28/21 (Date)