

# Job Cost Post-Mortem

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## JOB DETAILS

Job Name \_\_\_\_\_

Client Name \_\_\_\_\_

Start Date \_\_\_\_\_

Completion Date \_\_\_\_\_

Job Type \_\_\_\_\_

## FINANCIAL SUMMARY

Estimated Revenue	_____	Actual Billed	_____
Estimated Materials	_____	Actual Materials	_____
Estimated Labor Hours	_____	Actual Labor Hours	_____
Labor Rate (\$/hr)	_____	Total Labor Cost	_____

## ADDITIONAL COSTS

Subcontractor Costs \_\_\_\_\_

Equipment Rental \_\_\_\_\_

Permit & Inspection Fees \_\_\_\_\_

Overhead Allocation \_\_\_\_\_

Other \_\_\_\_\_

## MARGIN

Total Revenue	_____	Total Costs	_____
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**Actual Gross Profit** \_\_\_\_\_

**Actual Margin %** \_\_\_\_\_

### VARIANCE NOTES

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Over/Under on Materials \_\_\_\_\_

Over/Under on Labor \_\_\_\_\_

Change Orders (billed) \_\_\_\_\_

Unbilled extras absorbed \_\_\_\_\_

### LESSONS LEARNED

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Write notes here...

### APPLY TO NEXT SIMILAR JOB

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Adjust estimate by \_\_\_\_\_

Supplier to renegotiate \_\_\_\_\_

Change order policy update \_\_\_\_\_

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