

APPENDIX E - COST BREAK DOWN FOR TRWD

Note: To be submitted separately in a sealed envelope marked COST BREAK DOWN.

Indicate the estimated average hourly rate for the following levels.

	2026	2027	2028	2029	2030
Partner					
Manager					
Senior					
Juniors/Experienced Staff					
Accountants/Staff					

Indicate the total cost of the audit on a per year basis for TRWD:

Fiscal year 2026 financial records	\$ _____
Fiscal year 2027 financial records	\$ _____
Fiscal year 2028 financial records	\$ _____
Fiscal year 2029 financial records	\$ _____
Fiscal year 2030 financial records	\$ _____