

Pricing Form

Fixed Sum - shall include all margins, overheads, processing fees, and for services noted.

ITEM	Statement of Requirements - Tasks	QUANTITY	SUM (BD \$)	Number of business days or hours
1.		1		
2		1		
3		1		
	TOTAL SUM (BD\$)			

Schedule of Rates - to provide Professional Consulting Services

ITEM	Job Title	Hourly Rate (BD\$)
1.		
2		
3		
4		

Contract Duration

Contract Period: calendar weeks
Proposed Start Date: 2018
Proposed Completion Date: 2018

Dated this _____ day of _____, 2018

SIGNED:

(Signature) _____ in the capacity of _____

[BLOCK LETTERS]

Duly authorized to sign tenders for and on behalf of:

(Firm) _____

(Address) _____

WITNESS:

(Signature) _____ in the capacity of _____

[BLOCK LETTERS]