**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]