

Price Schedule Form

Name of Bidder:	
ITB No.:	
Project Title:	Rental of Shuttle Service

LOT 1				ABC:		
1	2	3	4	5	6	7
Items	Description	Quantity	Cost of Lease (Direct)	Cost of Taxes	Cost of Other Incidental Services, if any	Total Price
1	Lease of Shuttle					

Total Price:	In Figure:	In Words:
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Name and Signature of Authorized Representative

Notes:
 1. Total Bid Price exceeding the amount indicated in the Price Schedule Form shall be a ground for the rejection of the bid.
 2. Bidder should ensure that the item in the Price Schedule Form are fully accounted .