

IMPORTANT: FILL-OUT THE FORM PROPERLY. DO NOT LEAVE BLANK SPACES. DO NOT DELETE ANY COLUMN, ROW, OR CELL.

Price Schedule for Goods Offered from Within the Philippines
[shall be submitted with the Bid if bidder is offering goods from within the Philippines]

For Goods Offered from Within the Philippines

Name of Bidder _____ Project ID No. **2022-PCOO-I-001B**

Lot 2: On-site Swab tests for FOI-PMO Staff, Participants and Stakeholders (Negotiated Procurement)

1	2	3	4	5	6	7	8	9	10
Item	Description	Country of origin	QTY.	Unit price EXW per item	Transportation and all other costs incidental to delivery, per item	Sales and other taxes payable if Contract is awarded, per item	Cost of Incidental Services, if applicable, per item	Total Price, per unit (col 5+6+7+8)	Total Price delivered Final Destination (col 9) x (col 4)
1	SARS-COV-2 Rapid Antigen (Nasopharyngeal) Test	PH	180						
2	SARS-COV-2 RT-PCR (Nasopharyngeal and Oropharyngeal) Test	PH	120						
TOTAL BID PRICE		IN WORDS							
		IN FIGURES							

Name: _____

Legal Capacity: _____

Signature: _____

Duly authorized to sign the Bid for and behalf of: _____