

PRICING FORM

Name of Project _____

Name of Company _____

MONTHLY BID

Having examined the tender documents and we offer to undertake the whole of the said works for the sum of:

MONTHLY BID

(Figures) BD\$ _____

(Words) _____

SCHEDULE OF RATES

All rates and prices (in Bermuda dollars) in the schedule are to be **inclusive of materials and related accessories, placement, overhead and profit**. These rates shall be used for determining additions and deletions from the contract sum.

	ITEM	UNIT	COST
1.0	Labour		
1.1	Workman	per hour	
1.2	Supervisor	per hour	

For variations to the contract not covered in the preceding unit price categories, the price will be determined on the basis of the base material and installation cost plus _____% for overhead and _____% for profit and applied to the base cost.

Dated this _____ day of _____, 2025

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]

Equipment list:

Please List the type of equipment available to the Contractor to provide this service.

Type	Model	Make	Year

**MoF/ACG/2023/S/001 - Janitorial Cleaning Services
for the Accountant General's (ACG) Offices**