

Pricing Form Annex B

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

ITEM	Statement of Requirements - Tasks	QUANTITY	Fixed sum (BD \$)	Number of hours
1.	Report	1		
2	Meetings	TBD		
3				
	TOTAL SUM (BD\$)			

Schedule of Rates - to provide Professional Consulting Services

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

Contract Duration

Contract Period: calendar days
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 the proposal on behalf of:

(Firm) _____

(Address) _____

WITNESS:

(Signature) _____ in the capacity of _____

[BLOCK LETTERS]