

Price Sheet

Name and address of bidder/contractor	Name (Company)	_____
	Name (Expert):	_____
	Address:	_____
	Place:	_____
Tender processing-No.:	Telephone / Email:	_____
	Country:	_____
Project and project number	_____	
Country of assignment:	_____	Period of assignment: _____
Currency:	GHS	

COST SUMMARY	Cost in GHS
Fees	0
Reimbursable costs	0
TOTAL NET Costs	0

Expert Inputs and Fee Rates

Name of Expert	Description	No. of Days	Daily Fee Rate (GHS)	Total Fee (No. Days X Fee)
				0
				0
				0
				0
TOTAL		0		0

Budgeted Reimbursable costs

Description	Number	Rate (lump sum or budget per unit)	Cost (GHS)
daily allowance			0
accommodation			0
flights (state the itinerary)			0
local transport (indicate whether rental / personal vehicle)			0
other costs (please specify)			0
Equipment (list the equipment and indicate whether rental/ company owned if this section applies)			
TOTAL			0

PLEASE FILL IN THE HIGHLIGHTED CELLS ONLY IF IT APPLIES
ON TOP IS A SUMMARY FORM WHICH WILL BE FILLED AUTOMATICALLY

NB: FOR THE REIMBURSABLE COSTS, PLEASE INDICATE IF THE COST ITEMS WILL BE RENTED/HIRED OR PERSONALLY/COMPANY OWNED.

NB: ADDITIONAL CELLS CAN BE INSERTED TO ACCOMMODATE NEW COST LINES

Date and Signature of Bidder