Department of Health Effective Date:November 2018 Version: 4

Wentworth EMS Base - Generator Replacement

PRICE PAGE

N.B.: This form must be completed in detail signed by the Bidder and bears the signature of a witness.

Failure to comply with these requirements may result in the bid being disregarded.

CLOSING DATE AND TIME: _____ at 11:00. VALIDITY PERIOD: 84 days

BID/CONTRACT NO: ZNB PERIOD:	
Wentworth EMS Base - Generator Replacement	NAME AND ADDRESS OF BIDDER(FIRM)
	TEL:
	FAX:
DOES OFFER COMPLY WITH THE SPECIFICATION? If not, furnish details of deviation in space provided for "Remarks"	YES/NO (Delete which is not applicable)
CONTRACT EXECUTION PERIOD	weeks/months
CARRIED OVER FROM SCHEDULE OF PRICES PS 1	
PS 2 PS 3	
PS 4	
Subtotal: PS 1 to PS 4	R
VALUE ADDED TAX @ 15% (Rate applicable on date of submission of Bidder)	R
TOTAL BID PRICE	R
REMARKS (If any):	(Signature of Bidder) DATE: (Signature of Witness)