

**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-001A**

**Lot 1: Walk-in, Drive-thru, and Home Service swab tests for PCOO personnel (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	Reverse Transcriptase - Polymerase Chain Reaction (RT-PCR) Tests (Walk-in/Drive Thru)	PH	960						
2	Home Service RT-PCR Tests	PH	40						
TOTAL BID PRICE		IN WORDS							
		IN FIGURES							

Name: \_\_\_\_\_

Legal Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_

Duly authorized to sign the Bid for and behalf of: \_\_\_\_\_