

5. Price Schedule Form

[The Bidder shall fill in these Price Schedule Forms in accordance with the instructions indicated. The list of line items in column 1 of the **Price Schedules** shall coincide with the list of goods and related services specified by UNFPA in the Schedule of Requirements.]

BIDDER'S TOTAL PRICES (Price & Currency to be entered by Bidder):USD	
TOTAL Goods DAP PRICE	
FREIGHT COST by Air	
FREIGHT COST by Sea	
TOTAL QUOTATION/PRICE (DAP) by Air	
TOTAL QUOTATION/PRICE (DAP) by Sea	

ITEM M/L OT	DESCRIPTION OF THE GOODS	QTY (a)	UNIT PRICE	
			DAP (b)	TOTAL PRICE DAP (a)x(b)
1.	Bed, labour delivery, with accessories			
2.	General purpose ultrasound system			
3.	Oxygen Concentrator			
4.	Anesthesia workstation with patient ventilator			

BIDDER'S DELIVERY DATA					
Country of origin of offered products:	Item 1				
	Item 2	<i>Insert more rows in each section if necessary or delete if too many</i>			
	Item 3				
	Item 4				
DAP point(s) of delivery for offered products:	Item 1				
	Item 2				
	Item 3				
	Item 4				
Delivery time (DAP) from date of order:	Item 1				
	Item 2				
	Item 3				
	Item 4				
Shipment dimensions of offered products (including package):		Gross weight	Total volume	<i>Containers (if applicable):</i>	
				<i>Number</i>	<i>Size</i>
	Item 1				
	Item 2				
	Item 3				
	Item 4				
	Total				

BIDDER'S SIGNATURE AND CONFIRMATION OF THE ITB

PROVIDED THAT A PURCHASE ORDER IS ISSUED BY UNFPA **WITHIN THE REQUIRED BID VALIDITY PERIOD**, THE UNDERSIGNED HEREBY COMMITS, SUBJECT TO THE TERMS OF SUCH PURCHASE ORDER, TO FURNISH ANY OR ALL ITEMS AT THE PRICES OFFERED AND TO DELIVER SAME TO THE DESIGNATED POINT(S) WITHIN THE DELIVERY TIME STATED ABOVE.

Exact name and address of company

COMPANY NAME _____

ADDRESS _____

PHONE NO. _____ FAX NO. _____

EMAIL ADDRESS OF CONTACT PERSON _____

OTHER EMAIL ADDRESSES _____

AUTHORIZED SIGNATURE **DATE**

NAME OF AUTHORIZED SIGNATORY (TYPE OR PRINT)

FUNCTIONAL TITLE OF SIGNATORY

WEB SITE _____