# 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.]*

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| **BIDDER’S TOTAL PRICES (Price & Currency to be entered by Bidder):** | |
| TOTAL FIRM FCA PRICE |  |
| TOTAL FIRM CPT PRICE |  |
| TOTAL PRICE FOR SERVICES *(if applicable)* |  |
| FREIGHT COST PER 20/40 FT CONTAINER *(if applicable)* |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **BIDDER’S PRICES FOR GOODS (Price & Currency to be entered by Bidder):** | | | | | | |
| ITEM/LOT | DESCRIPTION OF THE GOODS | QTY  (a) | CURRENCY: | | | |
| UNIT PRICE FCA  (b) | UNIT PRICE  CPT  (c) | TOTAL PRICE FCA  (a)x(b) | TOTAL PRICE  CPT  (a)x(c) |
| A1 | Office desk | 10 |  |  |  |  |
| A2 | Pedestal | 10 |  |  |  |  |
| A3 | Desk chair | 10 |  |  |  |  |
| A4 | Waiting sofa | 10 |  |  |  |  |
| A5 | Journal table | 10 |  |  |  |  |
| A6 | Brochure display rack | 10 |  |  |  |  |
| A7 | Office filing cabinet | 10 |  |  |  |  |
| B1 | Office storage cupboard | 10 |  |  |  |  |
| B2 | Armchair | 20 |  |  |  |  |
| B3 | Journal table | 10 |  |  |  |  |
| B4 | Safe box | 10 |  |  |  |  |
| B5 | Rug/carpet | 10 |  |  |  |  |
| C1 | Meeting table | 10 |  |  |  |  |
| C2 | Meeting chair | 60 |  |  |  |  |
| C3 | Office filing cabinet | 10 |  |  |  |  |
| C4 | White board | 10 |  |  |  |  |
| D1 | Single bed | 40 |  |  |  |  |
| D2 | Double decker bed | 40 |  |  |  |  |
| D3 | Mattress (for single bed) | 40 |  |  |  |  |
| D4 | Mattress (for double decker bed) | 80 |  |  |  |  |
| D5 | Rug/carpet | 10 |  |  |  |  |
| D6 | Wardrobe | 10 |  |  |  |  |
| D7 | Pedestal | 80 |  |  |  |  |
| E1 | Dining table | 10 |  |  |  |  |
| E2 | Dining chair | 40 |  |  |  |  |
| E3 | Baby high chair | 20 |  |  |  |  |
| E4 | Kitchen cupboard | 10 |  |  |  |  |
| F1 | Rug/carpet for play room | 10 |  |  |  |  |
| F2 | Sofa | 10 |  |  |  |  |
| F3 | TV stand | 10 |  |  |  |  |
| G1 | Doctor's desk | 10 |  |  |  |  |
| G2 | Chairs (for doctor and client) | 20 |  |  |  |  |

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| **BIDDER’S DELIVERY DATA** | | | | | |
| Country of origin of offered products: | Item 1 |  | | | |
|  | Item 2 |  | | | |
|  | Item 3 |  | | | |
| FCA point(s) of delivery for offered products: | Item 1 |  | | | |
|  | Item 2 |  | | | |
|  | Item 3 |  | | | |
| Delivery time (FCA from date of order): | Item 1 |  | | | |
|  | Item 2 |  | | | |
|  | Item 3 |  | | | |
| Shipment dimensions of offered products (including package): |  | Gross weight | Total volume | *Containers (if applicable):* | |
|  | *Number* | *Size* |
|  | Item 1 |  |  |  |  |
|  | Item 2 |  |  |  |  |
|  | Item 3 |  |  |  |  |
|  | Total |  |  |  |  |

|  |  |
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| **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** |