

Sample Form

Name of Agency

Office Address

Contact No.

### COST DISTRIBUTION PER MONTH

Particulars	@ 8 hours duty
<i>Days worked per week</i>	
<i>No. of days/year</i>	
<i>No. of worked hours/day</i>	
<i>Daily Wage</i>	
<b>REIMBURSABLE COSTS:</b>	
<b>A. AMOUNT PAYABLE DIRECTLY TO GUARD</b>	
Average Pay/Month	
Night Differential Pay	
13th Month Pay	
5 days Incentive Pay	
Uniform Allowance	
<i>Sub-Total</i>	
<b>B. AMOUNT TO GOVERNMENT - EMPLOYER SHARE</b>	
Retirement Benefit	
SSS Premium	
PhilHealth Contribution	
State Insurance Fund	
Pag-ibig Fund	
<i>Sub-Total</i>	
<b>C. TOTAL REIMBURSABLE COSTS (A+B)</b>	
<b>D. AGENCY FEE</b>	
<b>E. TAX OBLIGATION</b>	
<b>F. TOTAL MONTHLY CONTRACT RATE (C+D+E)</b>	
x No. of Guards	
<b>G. MONTHLY REQUIREMENT</b>	
<b>H. TOTAL BID PRICE</b>	

Submitted by:

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Name of the Bidder