# 5. Price Schedule Form

 *[The Bidder shall fill in these Price Schedule Forms in accordance with the instructions indicated.]*

* Quoted rates must be **exclusive of all taxes**, since UNFPA is exempt from taxes.
* In case of discrepancy between unit price and total price, the lower price shall prevail and the higher price shall be corrected. If the Bidder does not accept the correction of errors, its bid will be rejected.

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| ITEM/LOT | DESCRIPTION OF THE GOODS | QTY(a) | CURRENCY: IDR |
| UNIT PRICE (b) | TOTAL PRICE(a)x(b) |
| 1. | Elderly kits for female | 700 |  |  |
| 2. | Elderly kits for male | 300 |  |  |
| 3. | Hygiene kits for female | 1,950 |  |  |
| 4. | Hygiene kits for male | 300 |  |  |
|  | TOTAL PRICE (IDR) |  |

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| **BIDDER’S DELIVERY DATA** |
| Country of origin of offered products: | Item 1 |  |
|  | Item 2 |  |
|  | Item 3 |  |
|  | Item 4 |  |
| Delivery time (in calendar days from date of order confirmation): | Item 1 |  |
|  | Item 2 |  |
|  | Item 3 |  |
|  | Item 4 |  |

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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**  |