



NATIONAL POWER CORPORATION

SUPPLEMENTAL / BID BULLETIN NO. 4
PR NO. HO-PIG25-002 / REF. NO. PB250408-AM00075
SUPPLY, DELIVERY, CONSTRUCTION, INSTALLATION, TESTING AND
COMMISSIONING OF 10MVA MASBATE (MALINTA) SUBSTATION

30 APRIL 2025

All prospective bidders and authorized copyholders of the Bid Documents of the project mentioned above are hereby informed of the changes/clarifications as follows:

| BID DOCUMENTS | |
|--|--|
| SECTION VI – TECHNICAL SPECIFICATIONS | |
| <i>(comprising of six (6) pages)</i> | |
| B.21.0: | VOICE AND DATA (TELEPHONE AND LAN), CCTV, AND TWO-WAY RADIO COMMUNICATION EQUIPMENT |
| B.22.1 | Technical Characteristics and Requirements |
| B.22.2 | Telephone Cabinet and UPS |
| B.22.3 | Telephone (IP-PBX) |
| B.22.4 | Operator IP-Phone Handset |
| B.22.5 | Telephone Analog handset |
| B.22.6 | Terminal Block and Cable Requirements |
| B.22.7 | Programming Requirements |
| B.22.8 | Contractor's Field Service Representative |
| B.22.9 | Data Retriever/Programming Device |
| B.22.10 | CCTV EQUIPMENT |
| B.22.11 | TWO-WAY RADIO COMMUNICATION |

| FOR REFERENCE ONLY |
|---------------------------------------|
| <i>(comprising of two (2) sheets)</i> |
| <u>(SHEET 1 OF 2)</u> |
| 1. TOWER LINE DIAGRAM |
| <u>(SHEET 2 OF 2)</u> |
| 1. FOUNDATION LAY-OUT |
| 2. COLUMN FOOTING DETAIL |
| 3. TYPICAL PEDESTAL DETAIL |
| 4. TYPICAL DEADMAN DETAIL |



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BID DOCUMENTS
SECTION VIII – BIDDING FORMS

Standard Form No. NPCSF-INFR-14
DETAILED COST ESTIMATE SUMMARY FORM


BID DOCUMENTS
SECTION VIII – BIDDING FORMS

Standard Form No. NPCSF-INFR-15
DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

All other terms and conditions shall remain the same. Supplemental for clarifications shall only supersede the affected requirements.

For the information and guidance of all authorized copyholders of the Bid Documents and prospective bidders.

For the Bids and Awards Committee:


LARRY I. SABELLINA
Vice-President, Mindanao Generation
and Chairman, Bids and Awards Committee

B.21.0: VOICE AND DATA (TELEPHONE AND LAN), CCTV, AND TWO-WAY RADIO COMMUNICATION EQUIPMENT**B.22.1 Technical Characteristics and Requirements**

The Contractor shall indicate that their data corresponds to the NPC requirements for the Telephone System.

B.22.2 Telephone Cabinet and UPS

| | NPC Requirement | Contractor's Data |
|---|--|--------------------------|
| a. Cubicle type | 19" rack, sheet steel with powder-coated black finish | |
| b. Panel type | 42(H) x 600mm(W) x 800mm(D) | |
| c. Perforated front and back doors, detachable side panels with lock & keys | Yes | |
| d. Accessories | 3-fixed trays, 4-top mounted exhaust fans, adjustable square-hole rail with cage nut & bolts | |
| e. Cable manager & Power Distribution Unit (PDU) | Vertical mount cable manager, 15-outlet, 3-prong PDU with 3M cable length | |
| f. Cable entrance | Top & bottom | |
| g. 6KVA Uninterruptible Power Supply (UPS), online double conversion with power factor correction system, rack mounted complete with network communication card | To be provided | |

Name of Bidder:

Name & Signature of Bidder's Representative:

Designation:



B.22.3 Telephone (IP-PBX)**General**

| | | |
|---|--|--|
| a. Main unit | IP-PBX (Hybrid) VoIP technology, multi-service platform | |
| b. Mounting | 19"-horizontal rack-mounted | |
| c. Module slot | At least four (4) slots | |
| d. FXO module (trunk line) | ≥ 3-FXO port (analog trunklines) | |
| e. FXO module (analog device) | ≥ 8-FXO port (analog extensions) | |
| f. Ethernet port | ≥ 3 x 10/100/1000 Mbps ports | |
| g. Supported G.729a compression channel | ≥ 64-channel | |
| h. Operating temperature | ≥ 40 °C | |
| i. Support dedicated media gateway | Yes | |
| j. Input voltage & frequency rating | 100 ~ 240VAC, 60Hz | |
| k. Configuration Editor Software | To be provided as part of the supply of IP-PBX equipment | |
| l. 1U 24-port Cat6 (180°) patch panel With labelling holder, dual type | To be provided | |

Name of Bidder:

Name & Signature of Bidder's Representative:

Designation:



- m. SIP trunk/channel proxy licenses,
DSP module/controller

To be provided

B.22.4 Operator IP-Phone Handset

- a. 1-unit, at least 3.5" color LCD, HD
audio, full-duplex, 2-gigabit POE
port, black color

To be provided

B.22.5 Telephone Analog Handset

- a. Analog phone (8 units), black color

At least eight (8)
programmable
keys, hands-free
speakerphone

B.22.6 Terminal Block and Cable Requirements

- a. Supply of interconnecting cables
between IP-PBX and the
telephone handsets and outlets
- b. Supply of interconnecting cables
from the IP-PBX to the Low Earth
Orbit (LEO) internet link
- c. 4 x 10-pair, type 110 punch-down
terminal block with back plate,
2-port faceplate Information Outlet
(I/O), RJ45 and RJ11 connectors,
Cat5e Foil Twisted Pair (FTP)
cable, and 1U cable management.

To be provided

To be provided

To be provided

B.22.7 Programming Requirements

The IP-PBX program configuration shall
follow the NPC dialing plan, including
application software and a data
retriever/programming device.

To be provided

B.22.8 Contractor's Field Service Representative

The contractor shall provide the services of a testing engineer at the job site.

Name of Bidder:

Name & Signature of Bidder's Representative:

Designation:

B.22.9 Data Retriever/Programming Device

| | NPC Requirement | Contractor's Data |
|---------------------------------------|--|------------------------------|
| a. Type | <u>Laptop computer</u> | <u></u> |
| b. Hardware | | |
| 1. Processor | <u>Intel Core i5 or better</u> | <u></u> |
| 2. Clock Frequency, GHz | <u>Fastest speed available</u> | <u></u> |
| 3. Memory | <u>≥16GB SSD</u> | <u></u> |
| 4. Storage | <u>≥1TB SSD</u> | <u></u> |
| 5. Video Card | <u>≥4GB</u> | <u></u> |
| 6. Display | <u>≥15" LED display</u> | <u></u> |
| 7. Built-in audio system | <u>Yes</u> | <u></u> |
| 8. Built-in camera with microphone | <u>Yes</u> | <u></u> |
| 9. Operating and application software | <u>Licensed Windows 11 Pro 64-bit and Microsoft Office 2022 Pro Plus</u> | <u></u> |
| 10. Power supply/battery backup | <u>To be included</u> | <u></u> |
| 11. Interface ports | <u>USB, HDMI, and card reader ports</u> | <u></u> |
| 12. Network | <u>Wi-Fi, Bluetooth external LAN adapter</u> | <u></u> |

Name of Bidder:

Name & Signature of Bidder's Representative:

Designation:

B.22.10 CCTV EQUIPMENT

| | NPC Requirement | Contractor's Data |
|--|--|------------------------------|
| a. Network Video Recorder (NVR) | One (1) unit 8-channel, 2–1 x 8TB NAS HDD, VGA, HDMI, USB interface | |
| b. 5MP bullet type (outdoor) IP-camera POE with 4 x 4 WP box | Five (5) units | |
| c. 5MP dome type (indoor) IP-camera POE with 4 x 4 WP box | Three (3) units | |
| d. 8-port gigabit POE managed switch with 2-1x10Gbe transceiver uplink port | One (1) unit | |
| e. Cat6 STP (shielded twisted pair) cable | One (1) box | |
| f. LED monitor display, complete with wall mounting bracket | One (1) unit, VGA, HDMI interface ports, with 15-meter HDMI cable | |

B.22.11 TWO-WAY RADIO COMMUNICATION

| | NPC Requirement | Contractor's Data |
|--|--|------------------------------|
| a. Base station 136~174MHz, 45 watts' output, analog/digital sensitivity 0.3uV/ 0.22uV, ABME+ 2TM digital vocoder Provisions of OTA programming, dual capacity, IP-54, complete with external speaker, PTT mic, 30A switching power supply | One (1) unit, compliant to FCC & ICC standards | |
| b. Base antenna, Omni-directional fiberglass ≥ 3.8 dB gain, 144~174MHz, 200 watts (max) complete with 50-ohm high-grade RG-8 coaxial cable, connectors and surge protector | One (1) set | |

Name of Bidder: _____

Name & Signature of Bidder's Representative: _____

Designation: _____



- | | | |
|--|--|-------|
| c. 60-foot antenna mast, painted as per CAA standard complete with climbing steps, accessories: concrete pedestal, anchor bolts, turn-buckle, guy wire, ground cable and lightning rod ✓ (Refer to reference drawing) | One (1) set | _____ |
| d. Mobile station 136~174MHz, 45 watts output, analog/digital sensitivity 0.3uV/0.22uV, ABME+ 21M digital vocoder Provisions of OTA programming, dual capacity, IP-54, complete with PTT mic and vehicle DC cable with fuse. | Two (2) units, compliant to FCC & ICC standards | _____ |
| e. Mobile antenna, Omni-directional, 5/8 wave whip with PO/SO-239 magnetic base mount, 200 watts (max) at 50-ohms, complete with 50-ohm high-grade RG-58 coaxial cable and PL-259 connector | Two (2) sets | _____ |
| f. Portable station, LKP display, 5 watts RF output, analog/digital sensitivity 0.16uV/0.14uV, AMBE+2TM, digital vocoder, IP-67, MIL-STD, complete with spare lithium-ION battery pack and battery charger | Four (4) sets, compliant to FCC & ICC standards | _____ |
| g. Programming (as per NPC licensed radio frequency), VWSR test, NTC licensing, and assistance fee for the two-way radio communication system | To perform | _____ |

Name of Bidder: _____

Name & Signature of Bidder's Representative: _____

Designation: _____

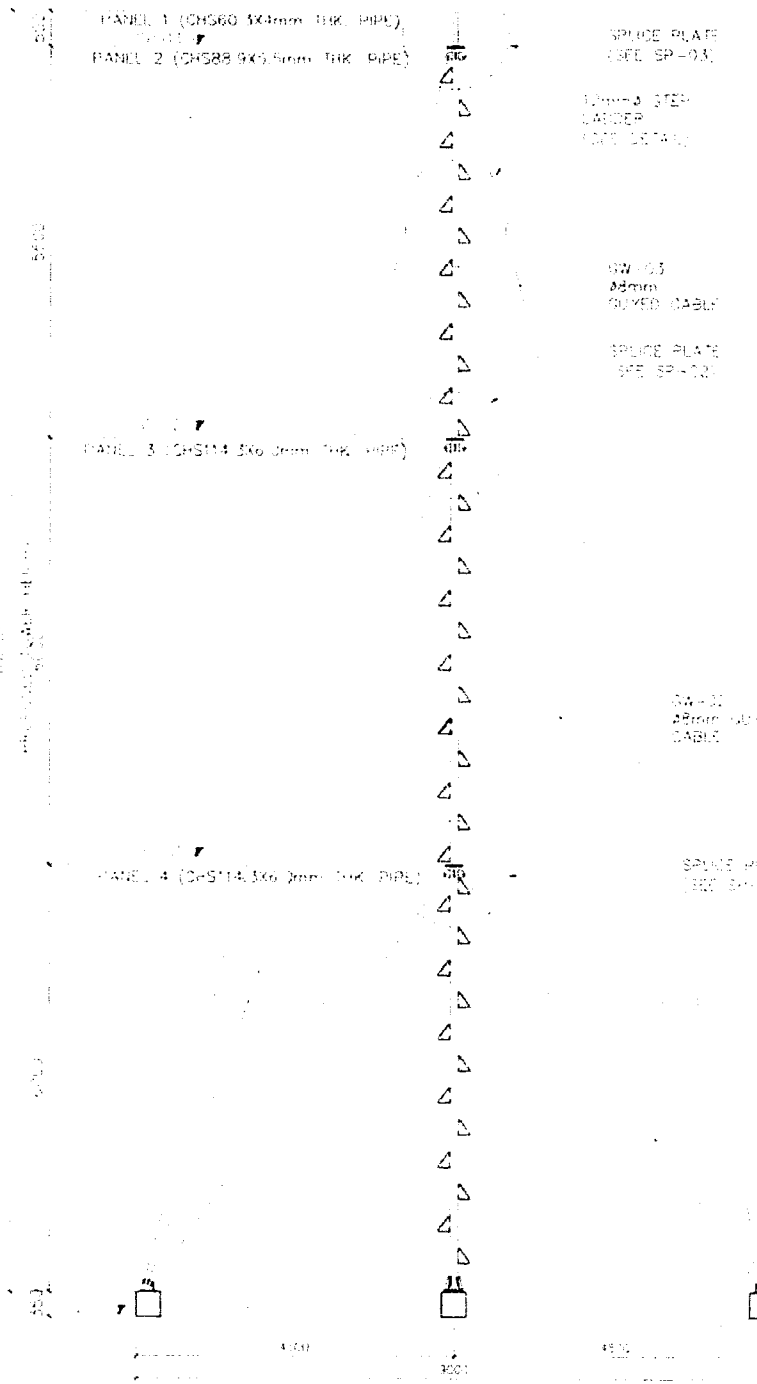


FOR REFERENCE ONLY (SHEET 1 OF 2)

1. ALL DIMENSIONS ARE IN MILLIMETER UNLESS OTHERWISE NOTED.
2. TOWER MATERIALS SHALL BE 241 MPa (34.5 KSI) STEEL.
3. ALL STEEL SHALL BE GALVANNEAL OR GALVANIZED.
4. WELDING SHALL BE ELECTRODE WELDING PER AWS.
5. ALL WELDS SHALL BE ZINC-RICH PAINT FINISHED.
6. STEEL SHALL BE GALVANNEAL OR GALVANIZED WITH A MIN. 55% ZINC COATING.
7. ALL DIMENSIONS TO BE USED UNLESS OTHERWISE NOTED.
8. THICKNESS OF FILLET WELD SHALL BE EQUAL TO THE THICKNESS OF THE RESPECTIVE MEMBER TO BE WELDED UNLESS OTHERWISE NOTED.

ANTENNA CONFIGURATION

| ANTENNA TYPE | TYPE | HEIGHT (m) | SWAY (m) | REMARKS |
|------------------|------|------------|----------|----------|
| STANDARD ANTENNA | TYPE | 2.4 | 1.4 | PROPOSED |

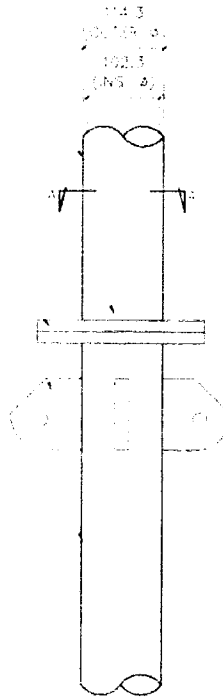


2 - 241mm x 16mm THK. SPICE PLATE
6 - 12mm x 80mm BOLT

100x100x20 GUY BRACKET

CHS114 3x6 0mm THK PIPE

SECTION - A



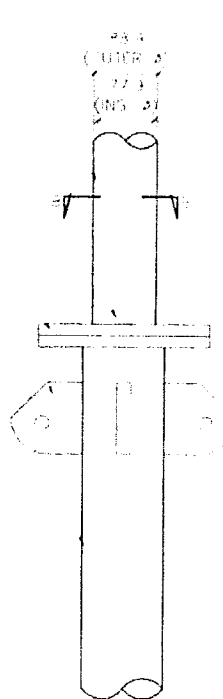
ELEVATION (SP-01)

2 - 241mm x 16mm THK. SPICE PLATE
6 - 12mm x 80mm BOLT

100x100x20 GUY BRACKET

CHS88 9x5.5mm THK PIPE

SECTION - B



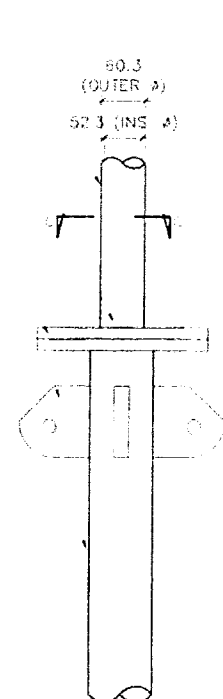
ELEVATION (SP-02)

2 - 241mm x 16mm THK. SPICE PLATE
6 - 12mm x 80mm BOLT

100x100x20 GUY BRACKET

CHS60 3x4mm THK PIPE

SECTION - C



ELEVATION (SP-03)

REVISION NOTES

| UPDATED SECTION NAME |
|------------------------------|
| UPDATED SPICE SIZES |
| UPDATED DISTANCE OF PEDESTAL |

GUY CABLE PROPERTIES

| GUY WIRE NO. | DIAMETER (mm) | BREAKING STRENGTH (kN) | INITIAL TENSION (kN) | TURN BUCKLE SIZE | WEIGHT (kg/m) |
|--------------|---------------|------------------------|----------------------|------------------|---------------|
| GUY-01 | 19.0 | 9,480 | 4.22 | 5/8x12 | 1.27 |
| GUY-02 | 19.0 | 9,480 | 1.22 | 5/8x12 | 1.27 |
| GUY-03 | 19.0 | 9,480 | 4.22 | 5/8x12 | 1.27 |

STEP LADDER DETAIL

- INSTRUCTIONS:
- SPACE WIRE CLIPS NOT MORE THAN 4 TIMES CABLE DIAMETER APART.
 - UNWIND ONE STRAND FROM DEAD CABLE, APPLY SERVING TOOL AND 8 TIMES AROUND.
 - UNWIND SECOND STRAND FROM DEAD CABLE, APPLY SERVING TOOL AND WRAP 8 TIMES AROUND. REPEAT WITH EACH STRAND AND MAKE SEVEN SETS.
 - REIGHTEN WIRE CLIPS AFTER INITIAL TENSION APPLIED.

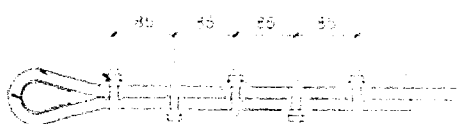
- NOTES:
- RE-TENSIONING OF GUY CABLES AND REIGHTENING OF BOLTS SHALL BE DONE PERIODICALLY TO ENSURE STRUCTURAL STABILITY.
 - MAINTAIN INITIAL TENSION OF GUY CABLES 8-12% OF ITS BREAKING STRENGTH.

TURN BUCKLE



TURN BUCKLE DETAIL

1 - 1/4" GUY CABLE CLIPS
GUY CABLE THIMBLE
3/8" GUY CABLE THIMBLE

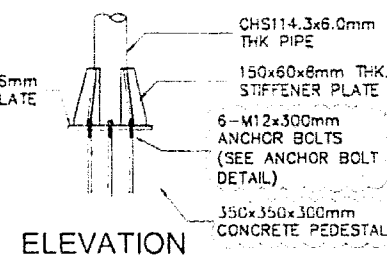
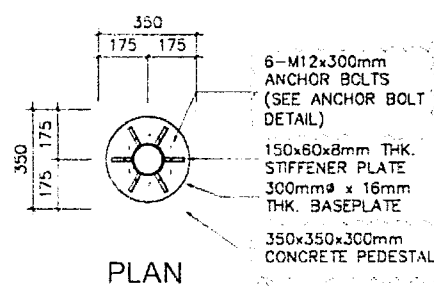
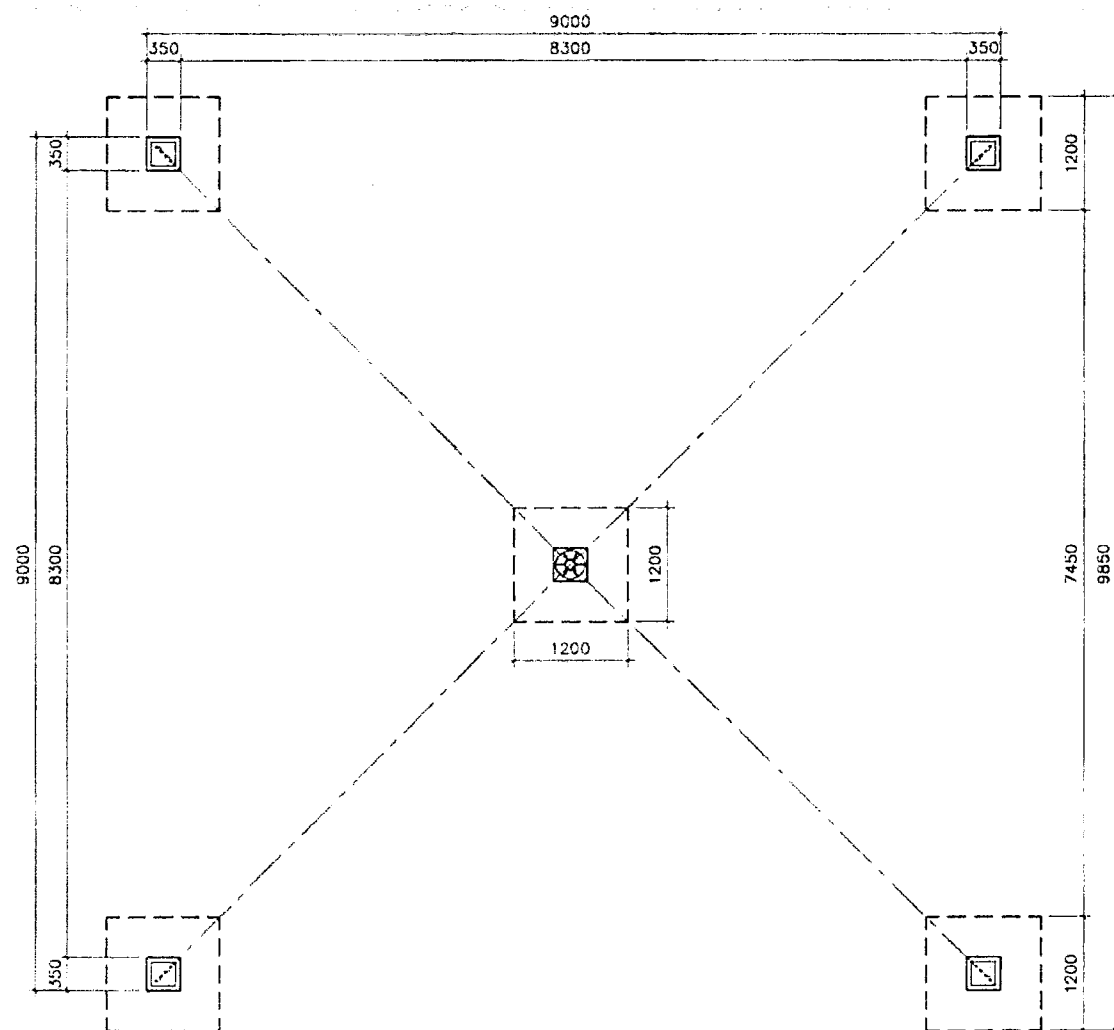


GUY WIRE DETAIL

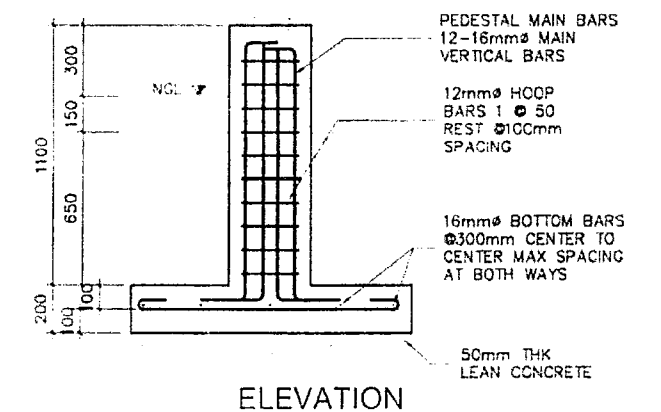
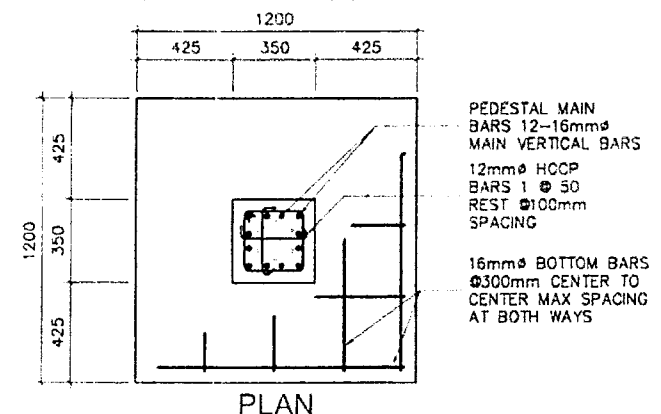
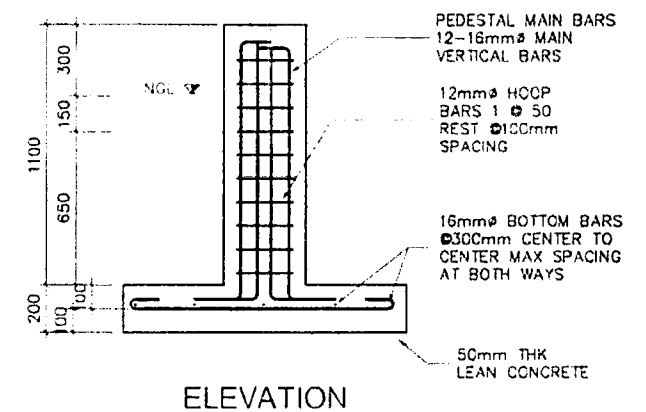
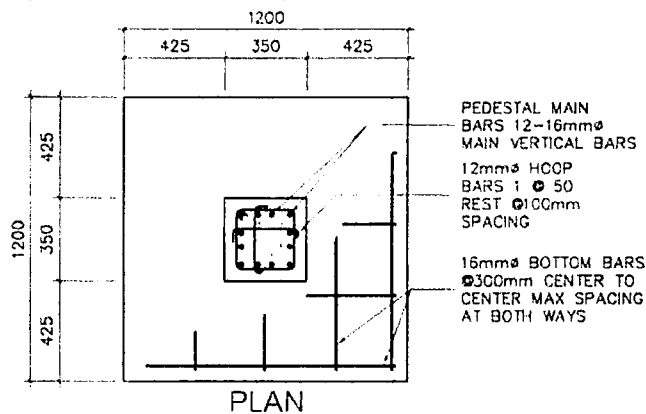
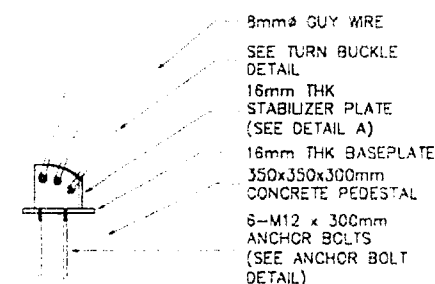
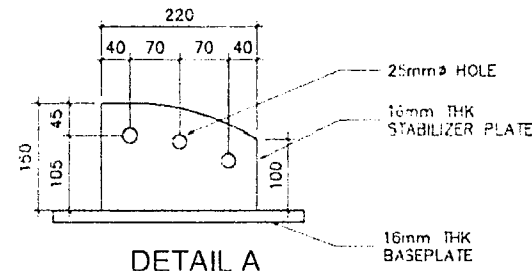
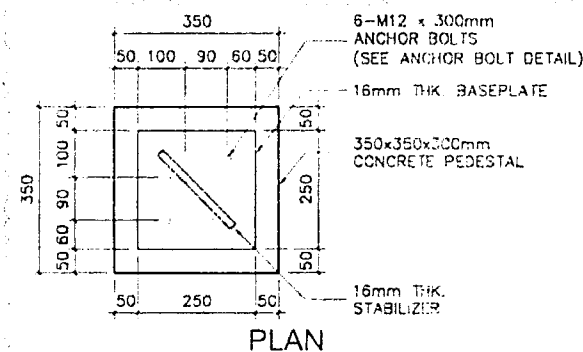
1 TOWER LINE DIAGRAM

ST-1020 SCALE

1:100



ANCHOR BOLT DETAIL



REVISION NOTES:

- UPDATED DISTANCE OF PEDESTAL
- UPDATED PEDESTAL SIZES
- UPDATED SIZES OF ANCHOR BOLTS
- UPDATED DETAIL DRAWINGS

NOTE:

- ALL DIMENSIONS ARE IN MILLIMETER UNLESS OTHERWISE INDICATED.
- MINIMUM COMPRESSIVE STRENGTH OF CONCRETE AT 28-DAY PERIOD SHALL BE $f_c = 3000\text{PSI}$, LEAN CONCRETE SHALL BE $f_c = 2500\text{PSI}$.
- ALL REINFORCING BARS SHALL CONFORM TO ASTM A615 GRADE 60 FOR 16mm AND GRADE 40 FOR 12mm.
- DETAILS OF REINFORCING BARS (SPICES, BENDS, HOOKS, ETC.) SHALL BE IN ACCORDANCE WITH THE LATEST REQUIREMENTS OF ACI CODE.
- ALLOWABLE SOIL BEARING CAPACITY SHALL NOT BE LESS THAN 115 KPA.
- MATERIALS:
 - A. STRUCTURE STEEL: A36
 - B. ANCHOR BOLTS: $F_y = 380\text{MPa}$, $F_u = 570\text{MPa}$
 - C. NUTS: ASTM A563
 - D. WASHERS: ASTM F436
- ALL ASPECTS OF CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE PROVISIONS OF THE LATEST ACI CODE.

Standard Form No. : NPCSF-INFR-14

DETAILED COST ESTIMATE SUMMARY FORM

Name of Bidder : _____

[illegible]

NOTES:

1. The Bidder must provide all the information required above.
2. All pay items in the Bill of Quantities must be included the detailed cost estimate.
3. Unit Price and Total price in this form must be the same with the Bill of Quantities and Bid Letter.
4. Prices for the Direct Cost stated in this form shall be based on Form NPCSF-INFR-15 (Detailed Unit Price Computation Form)

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 1.0 EARTHWORKS 1.1 Clearing and Grubbing (including cutting of trees)
 Quantity & U/M : 1 lot
 Work to be done : Cut, Stockpile and Dispose

| A MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) 1. SITE DEVELOPMENT 1.0 EARTHWORKS 1.2 Grading Excavation
 Quantity & U/M : 8733 cu.m.
 Work to be done : Excavate, reuse & dispose

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 1.0 EARTHWORKS 1.3 Grading Fill
 Quantity & U/M : 2510 cu.m.
 Work to be done : Spread, & compact

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

**Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.*

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 2.0 Parking 2.1 Aggregate Sub-Base 100mm thick for parking
 Quantity & U/M : 23.3 cu.m.
 Work to be done : furnish, place, spread & compact

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) 1. SITE DEVELOPMENT 2.0 Parking 2.2 Concrete Pavement (20.70 MPa) 125mm thick
 Quantity & U/M : 29 cu.m.
 Work to be done : furnish & construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 2.0 Parking 2.3 Rebar (Grade 40)
 Quantity & U/M : 867 kg
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 3.0 ROADWAYS 3.1 Aggregate Sub-Base 150mm thick for pavement, curb & gutter, sidewalk (including grading works)
 Quantity & U/M : 167 cu.m.
 Work to be done : furnish, place, spread & compact

| A MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 3.0 ROADWAYS 3.2 Concrete Pavement (20.70 MPa)
(including dowels, joint fillers, etc.)
 Quantity & U/M : 128 cu.m.
 Work to be done : furnish & construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 3.0 ROADWAYS 3.3 Curbs, Gutters and Sidewalks (20.70 MPa) including rebars
 Quantity & U/M : 30 cu.m.
 Work to be done : furnish & construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 4.0 DRAINAGE SYSTEM AND APPURTENANCES 4.1.0.10Ø
PVC Pipes for downspouts and Drainage Pipe
 Quantity & U/M : 89 li.m
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 4.0 DRAINAGE SYSTEM AND APPURTENANCES 4.2.0.15
Ø Perforated PVC Pipes
 Quantity & U/M : 268 li.m
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 4.0 DRAINAGE SYSTEM AND APPURTENANCES 4.3 0.15
Ø PVC Pipe from Cable Trench
 Quantity & U/M : 58 li.m
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 4.0 DRAINAGE SYSTEM AND APPURTENANCES 4.4 0.375
Ø Reinforced Concrete Drainage Pipe (RCDP)
 Quantity & U/M : 182 li.m
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (Indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (Indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (Indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 4.0 DRAINAGE SYSTEM AND APPURTENANCES 4.5 Open RC Canal
 Quantity & U/M : 136 li.m
 Work to be done : Furnish & Construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
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Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 4.0 DRAINAGE SYSTEM AND APPURTENANCES 4.6 Street Inlet Catch Basin
 Quantity & U/M : 11 pc.
 Work to be done : Furnish & Construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
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Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 4.0 DRAINAGE SYSTEM AND APPURTENANCES 4.7
Intersecting PVC Pipes Catch Basin
 Quantity & U/M : 7 pc.
 Work to be done : Furnish & Construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 4.0 DRAINAGE SYSTEM AND APPURTENANCES 4.8 Catch Basin for Downspouts '(@ Control House)
 Quantity & U/M : 10 pc.
 Work to be done : Furnish & Construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 4.0 DRAINAGE SYSTEM AND APPURTENANCES 4.9 Septic Tank
 Quantity & U/M : 1 pc.
 Work to be done : Furnish & Construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 4.0 DRAINAGE SYSTEM AND APPURTENANCES 4.1
Manhole
 Quantity & U/M : 1 pc.
 Work to be done : Furnish & Construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) I. SITE DEVELOPMENT 5.0 Interlink Wire Perimeter Fence 5.1 Interlink Wire Perimeter Fence (including main entrance gate zocalo wall and foundations)
 Quantity & U/M : 216 li.m.
 Work to be done : Furnish, fabricate & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) II. SWITCHYARD 1.0 FOUNDATION FOR GANTRY, SWITCHYARD EQUIPMENT AND STRUCTURES 1.1 69 KV Gantry Structures
 Quantity & U/M : 1 lot
 Work to be done : design, furnish, & construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) II. SWITCHYARD 1.0 FOUNDATION FOR GANTRY, SWITCHYARD EQUIPMENT AND STRUCTURES 1.2 13.8 KV Gantry Structures
 Quantity & U/M : 1 lot
 Work to be done : design, furnish, & construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) II. SWITCHYARD 1.0 FOUNDATION FOR GANTRY, SWITCHYARD EQUIPMENT AND STRUCTURES 1.3 Power Transformer
 Quantity & U/M : 1 lot
 Work to be done : design, furnish, & construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) II. SWITCHYARD 1.0 FOUNDATION FOR GANTRY, SWITCHYARD EQUIPMENT AND STRUCTURES 1.4 Power Circuit Breakers
 Quantity & U/M : 1 lot
 Work to be done : design, furnish, & construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) II. SWITCHYARD 1.0 FOUNDATION FOR GANTRY, SWITCHYARD EQUIPMENT AND STRUCTURES 1.5 Disconnect Switches
 Quantity & U/M : 1 lot
 Work to be done : design, furnish, & construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) II. SWITCHYARD 1.0 FOUNDATION FOR GANTRY, SWITCHYARD EQUIPMENT AND STRUCTURES 1.6 Metal Clad Switch Gear
 Quantity & U/M : 1 lot
 Work to be done : design, furnish, & construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) II. SWITCHYARD 1.0 FOUNDATION FOR GANTRY, SWITCHYARD EQUIPMENT AND STRUCTURES 1.7 Surge Arresters
 Quantity & U/M : 1 lot
 Work to be done : design, furnish, & construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) II. SWITCHYARD 1.0 FOUNDATION FOR GANTRY, SWITCHYARD EQUIPMENT AND STRUCTURES 1.8 Current Transformers
 Quantity & U/M : 1 lot
 Work to be done : design, furnish, & construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) II. SWITCHYARD 1.0 FOUNDATION FOR GANTRY, SWITCHYARD EQUIPMENT AND STRUCTURES 1.9 Voltage Transformers
 Quantity & U/M : 1 lot
 Work to be done : design, furnish, & construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) II. SWITCHYARD 1.0 FOUNDATION FOR GANTRY, SWITCHYARD EQUIPMENT AND STRUCTURES 1.10 Bus Supports
 Quantity & U/M : 1 lot
 Work to be done : design, furnish, & construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) II. SWITCHYARD 1.0 FOUNDATION FOR GANTRY, SWITCHYARD EQUIPMENT AND STRUCTURES 1.11 Outdoor Metering
 Quantity & U/M : 1 lot
 Work to be done : design, furnish, & construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (Indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (Indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (Indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) II. SWITCHYARD 2.0 CABLE TRENCH 2.1 CT-1
 Quantity & U/M : 17 li.m
 Work to be done : Furnish & Construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) II. SWITCHYARD 2.0 CABLE TRENCH 2.2 CT-2
 Quantity & U/M : 140 li.m
 Work to be done : Furnish & Construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) II. SWITCHYARD 2.0 CABLE TRENCH 2.3 CT-3
 Quantity & U/M : 2.7 li.m
 Work to be done : Furnish & Construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) II. SWITCHYARD 3.0 SECLUSION FENCE 3.1 Seclusion Fence (including foundation, zocalo wall and gate)
 Quantity & U/M : 63 li.m.
 Work to be done : Furnish & Construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) II. SWITCHYARD 4.0 GRAVEL SURFACING 4.1 150mm thick Gravel Surfacing
 Quantity & U/M : 407 cu.m.
 Work to be done : furnish, place, spread & compact

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 1.0 CONTROL HOUSE 1.1 Structural Excavation
 Quantity & U/M : 47 cu.m.
 Work to be done : Excavate, stockpile & dispose

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 1.0 CONTROL HOUSE 1.2 Structural Backfill
 Quantity & U/M : 79 cu.m.
 Work to be done : Place, spread & compact

| A MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 1.0 CONTROL HOUSE 1.3 Sand and Gravel Bedding
 Quantity & U/M : 4 cu.m.
 Work to be done : Furnish, place, spread & compact

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 1.0 CONTROL HOUSE 1.4 Concrete (20.70 Mpa at 28 days)
 Quantity & U/M : 48 cu.m.
 Work to be done : Furnish, place & vibrate

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 1.0 CONTROL HOUSE 1.5 Rebars (Grade 40)
 Quantity & U/M : 7622 kg.
 Work to be done : Furnish, cut, bend, schedule & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 2.0 GUARDHOUSE 2.1 Structural Excavation
 Quantity & U/M : 2.6 cu.m.
 Work to be done : excavate, stockpile & dispose

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 2.0 GUARDHOUSE 2.2 Structural Backfill
 Quantity & U/M : 2.7 cu.m.
 Work to be done : spread, place & compact

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 2.0 GUARDHOUSE 2.3 Sand and Gravel Bedding
 Quantity & U/M : 0.3 cu.m.
 Work to be done : Furnish, place, level & compact

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 2.0 GUARDHOUSE 2.4 Concrete (20.70 Mpa at 28 days)
 Quantity & U/M : 2.8 cu.m.
 Work to be done : Furnish, place & vibrate

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 2.0 GUARDHOUSE 2.5 Rebars (Grade 40)
 Quantity & U/M : 362.8 kg.
 Work to be done : furnish, cut, bend, schedule & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 3.0 PUMPHOUSE 3.1 Structural Excavation
 Quantity & U/M : 3.8 cu.m.
 Work to be done : excavate, stockpile & dispose

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 3.0 PUMPHOUSE 3.2 Structural Backfill
 Quantity & U/M : 2.2 cu.m.
 Work to be done : spread, place & compact

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 3.0 PUMPHOUSE 3.3 Sand and Gravel Bedding
 Quantity & U/M : 0.3 cu.m.
 Work to be done : Furnish, place, spread & compact

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 3.0 PUMPHOUSE 3.4 Concrete (20.70 Mpa at 28 days)
 Quantity & U/M : 2.5 cu.m.
 Work to be done : Furnish, place & vibrate

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 3.0 PUMPHOUSE 3.5 Rebars (Grade 40)
 Quantity & U/M : 354 kg.
 Work to be done : furnish, cut, bend, schedule & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (Indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (Indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (Indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 4.0 ELEVATED WATER STORAGE TANK 4.1 Structural Excavation
 Quantity & U/M : 3.2 cu.m.
 Work to be done : excavate, stockpile & dispose

| A MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

**Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.*

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 4.0 ELEVATED WATER STORAGE TANK 4.2 Structural Backfill
 Quantity & U/M : 1.6 cu.m.
 Work to be done : place, spread & compact

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 4.0 ELEVATED WATER STORAGE TANK 4.3 Sand and Gravel Bedding
 Quantity & U/M : 0.1 cu.m.
 Work to be done : Furnish, place, spread & compact

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (Indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 4.0 ELEVATED WATER STORAGE TANK 4.4 Concrete (20.70
Mpa at 28 days)
 Quantity & U/M : 1.3 cu.m.
 Work to be done : Furnish, place & vibrate

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 4.0 ELEVATED WATER STORAGE TANK 4.5 Rebars (Grade 40)
 Quantity & U/M : 150 kg.
 Work to be done : furnish, cut, bend, schedule & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 4.0 ELEVATED WATER STORAGE TANK 4.6 Structural Steel Structure - A36 hot dip galvanized (including stiffener,pleat, turn buckle, base plate, round bar, nuts, washers and bolts)
 Quantity & U/M : 746 kg.
 Work to be done : Furnish, fabricate, assemble and install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

**Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.*

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 4.0 ELEVATED WATER STORAGE TANK 4.7 G.I Pipe Ladder
(including ladder guard)
 Quantity & U/M : 173 kg.
 Work to be done : Furnish, fabricate, assemble and install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 5.0 Flag Pole & Perimeter Lighting Foundation 5.1 Flag Pole
(foundation and pole)
 Quantity & U/M : 1 lot
 Work to be done : furnish & construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 5.0 Flag Pole & Perimeter Lighting Foundation 5.2 Perimeter Lighting - 9 pcs(foundation)
 Quantity & U/M : 1 lot
 Work to be done : furnish & construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

**Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.*

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : CIVIL WORKS (CW) III. STRUCTURES 6.0 Grouted Riprap 6.1. (including sand and gravel filter and weep holes)
 Quantity & U/M : 451 cu.m.
 Work to be done : furnish & construct

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

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Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 1.0 Wall System and Finishes 1.1 150mm thick (6")
CHB Wall including mortar, grout and 10mm Ø Rebar @ .60m vert. & horizontal spacing
 Quantity & U/M : 380 sq.m.
 Work to be done : Furnish & Lay

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) 1. CONTROL HOUSE 1.0 Wall System and Finishes 1.2 Plain cement
 plaster finish (For Exterior and Interior Walls)
 Quantity & U/M : 826 sq.m.
 Work to be done : Furnish & Apply

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 1.0 Wall System and Finishes 1.3 Vitrified glazed tiles 200mm x 200mm x 6mm thick colored including scratch coat, tile adhesive & grout
 Quantity & U/M : 10 sq.m.
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 2.0 Floor Finish 2.1 Vinyl tile finish 300mm x 300mm
x 3mm thick including levelling and adhesive
 Quantity & U/M : 116 sq.m.
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 2.0 Floor Finish 2.2 Vitrified unglazed tiles 200mmx 200mm x6mm thick colored including scratch coat and tile adhesive
 Quantity & U/M : 3.5 sq.m.
 Work to be done : Furnish & Install

| A MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 2.0 Floor Finish 2.3 #10 Pebble Washout including levelling mortar
 Quantity & U/M : 8 sq.m.
 Work to be done : Furnish & Apply

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 3.0 Ceiling Finish 3.1 6mm thick marine plywood on standard metal furring spaced at 0.40 O.C.B.W and metal hangers spaced at 0.80 O.C.B.W
 Quantity & U/M : 120 sq.m.
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 4.0 Fenestration 4.1 Doors a. D-1
(2000mmx2100mm) Aluminum and Glass Anodized Silver Aluminum, 6mm thk. clear glass double swing
door complete accessories and Jock
 Quantity & U/M : 1 set
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 4.0 Fenestration 4.1 Doors b. D-2
(1800mmx2100mm) Flush type wooden door marine plywood both sides, 2" x 4" hard wood jamb, including
heavy duty loose pin hinges, door knob weather proof and painting
 Quantity & U/M : 2 sets
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 4.0 Fenestration 4.1 Doors c. D-3
(900mmx2100mm) Flush type wooden door marine plywood both sides, 2" x 4" hard wood jamb, including
heavy duty loose pin hinges, door knob weather proof and painting
 Quantity & U/M : 3 sets
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) 1. CONTROL HOUSE 4.0 Fenestration 4.1 Doors d. D-4 (700mm x 2100mm) Flush type wooden door marine plywood both sides, 2" x 4" hard wood jamb, including heavy duty loose pin hinges, door knob weather proof and painting
 Quantity & U/M : 1 set
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 4.0 Fenestration 4.2 Windows a. W-1 (3600mm x 1200mm) Steel casement window, 7/6 heavy section z-bar solid mullion, 7/32" clear glass
 Quantity & U/M : 1 set
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 4.0 Fenestration 4.2 Windows b. W-2 (1800mm x 1200mm) Steel casement window, 7/6 heavy section z-bar solid mullion, 7/32" clear glass
 Quantity & U/M : 2 sets
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) 1. CONTROL HOUSE 4.0 Fenestration 4.2 Windows c. W-3 (3000mm x 600mm) Steel casement window, 7/6 heavy section z-bar solid mullion, 7/32" clear glass
 Quantity & U/M : 5 sets
 Work to be done : Furnish & Install

| A MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 5.0 Plumbing Section 5.1 Water Closet (White Elongated) including fittings and accessories
 Quantity & U/M : 1 set
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 5.0 Plumbing Section 5.2 Lavatory, White, including fitting faucet and accessories
 Quantity & U/M : 1 set
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 5.0 Plumbing Section 5.3 Tissue Paper Holder
(White) including accessories
 Quantity & U/M : 1 set
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

| | | |
|----------------------|---|---|
| Name of Bidder | : | |
| Item No./Description | : | <u>ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 5.0 Plumbing Section 5.4 Soap Holder (White) including accessories</u> |
| Quantity & U/M | : | <u>1 set</u> |
| Work to be done | : | <u>Furnish & Install</u> |

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 5.0 Plumbing Section 5.5 Liquid Soap Dispenser
 Quantity & U/M : 1 set
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 5.0 Plumbing Section 5.6 Single tub stainless steel kitchen sink including faucet fittings and accessories
 Quantity & U/M : 1 set
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (Indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (Indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (Indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 5.0 Plumbing Section 5.7 Shower Set
 Quantity & U/M : 1 set
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 5.0 Plumbing Section 5.8 Sanitary lines: uPVC pipe series 1000 including joint fittings and solvents
 Quantity & U/M : 1 lot
 Work to be done : design, furnish and install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 5.0 Plumbing Section 5.9 Downspout: 3" (75mm) ø
uPVC pipe series 1000 downspout including joint fittings, solvents and brackets
 Quantity & U/M : 38 li.m.
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 5.0 Plumbing Section 5.10 Roof Drain: Removable stainless wire basket strainer
 Quantity & U/M : 10 pcs.
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 6.0 Carpentry Works 6.1 Utilities counter cabinets, 20mm thick (3/4") marine plywood including edging, framing, hardware, painting and accessories
 Quantity & U/M : 1 lot
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 6.0 Carpentry Works 6.2 Wall-hung cabinets, 20mm thick (3/4") marine plywood including edging, framing, hardware, painting and accessories
 Quantity & U/M : 1 lot
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 7.0 Painting and Varnishing 7.1 For Wooden Surfaces
 Quantity & U/M : 40 sq.m.
 Work to be done : Furnish & Apply

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 7.0 Painting and Varnishing 7.2 For concrete Surfaces
 Quantity & U/M : 826 sq.m.
 Work to be done : Furnish & Apply

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 7.0 Painting and Varnishing 7.3 For fiberboard surfaces
 Quantity & U/M : 180 sq.m.
 Work to be done : Furnish & Apply

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 8.0 Miscellaneous Items 8.1 Water proofing
 Membrane: 5 layers of bitumen with polyethylene reinforcement sheeting
 Quantity & U/M : 129 sq.m.
 Work to be done : Furnish, Deliver & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 8.0 Miscellaneous Items 8.2 Counter top splash board 300mm x 300mm ceramic tiles for utility area including grout, mortar and tile adhesive on 40mm thick R.C. counter slab
 Quantity & U/M : 2 sq.m.
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 8.0 Miscellaneous Items 8.3 Floor drain
100mmx100mm (4"x4") stainless steel with stainless wire strainer
 Quantity & U/M : 2 sets
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 8.0 Miscellaneous Items 8.4 Ready made Plastic Medicine Cabinet Asian made, with mirror (100mm x 400mm x 500mm)
 Quantity & U/M : 1 set
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 8.0 Miscellaneous Items 8.5 Vapor Barrier,
Polyethylene, Grade 6
 Quantity & U/M : 120 sq.m.
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (Indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (Indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (Indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) 1. CONTROL HOUSE 8.0 Miscellaneous Items 8.6 Soil poisoning,
authorized anti-termite liquid concentrate
 Quantity & U/M : 294 sq.m.
 Work to be done : Furnish & Apply

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (Indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (Indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (Indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) I. CONTROL HOUSE 8.0 Miscellaneous Items 8.7 Wood Preservative
 Quantity & U/M : 4 sq.m.
 Work to be done : Furnish & Apply

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) II. GUARDHOUSE 1.0 Wall System and Finishes 1.1 150mm thick (6")
CHB Wall including mortar, grout with 10mm Ø Rebar @ 0.60m vertical & horizontal spacing
 Quantity & U/M : 15.9 sq.m.
 Work to be done : Furnish & Lay

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) II. GUARDHOUSE 1.0 Wall System and Finishes 1.2 Plain cement plaster finish (For Exterior and Interior Walls)
 Quantity & U/M : 29.2 sq.m.
 Work to be done : Furnish & Apply

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

**Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.*

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) II. GUARDHOUSE 2.0 Floor Finishes 2.1 Plain cement plaster floor finish.
 Quantity & U/M : 2.9 sq.m.
 Work to be done : Furnish & Apply

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) II. GUARDHOUSE 3.0 Fenestration 3.1 Door a. D-1: (800mmx2100mm)
Flush type wooden door marine plywood both sides, 2"x4" hard wood jamb, including heavy duty loose pin
hinges, door knob/lockset weather proof and painting.
 Quantity & U/M : 1 set
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) II. GUARDHOUSE 3.0 Fenestration 3.2 Window a. W-1:
(1100mmx1200mm) glass and alum. sliding window 2 x 4" heavy gage extruded aluminum frame anodized
finish with 6 mm thick clear glass
 Quantity & U/M : 2 set
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) II. GUARDHOUSE 3.0 Fenestration 3.3 Window b. W-2:
(600mmx1100mm) glass and alum. fix window heavy gage extruded 2 x 4" anodized aluminum frame with
6 mm thick clear glass
 Quantity & U/M : 1 set
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) II. GUARDHOUSE 4.0 Painting and Varnishing 4.1 All concrete surfaces
 Quantity & U/M : 30.8 sq.m.
 Work to be done : Furnish & Apply

| A MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) II. GUARDHOUSE 5.0 Miscellaneous 5.1 Soil poisoning, authorized anti-termite liquid concentrate.
 Quantity & U/M : 5 sq.m.
 Work to be done : Furnish & Apply

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) III. PUMPHOUSE 1.0 Wall System and Finishes 1.1 150mm thick (6")
CHB zocalo wall including mortar grout and reinforcing bars.
 Quantity & U/M : 14 sq.m.
 Work to be done : Furnish & Lay

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) III. PUMPHOUSE 1.0 Wall System and Finishes 1.2 Pre-cast Concrete Louvers (300mm x 300mm)
 Quantity & U/M : 20 pcs
 Work to be done : Furnish & Lay

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) III. PUMPHOUSE 1.0 Wall System and Finishes 1.3 Plain cement plaster wall finish
 Quantity & U/M : 20 sq.m.
 Work to be done : Furnish & Apply

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) III. PUMPHOUSE 2.0 Floor Finishes 2.1 Plain cement plaster floor finish.
 Quantity & U/M : 2.7 sq.m.
 Work to be done : Furnish & Apply

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) III. PUMPHOUSE 3.0 Fenestration 3.1 Flush Door Type Marine Plywood:
(0.90m x 2.10m) with Door Jamb, including lockset, accessories and painting.
 Quantity & U/M : 1 set
 Work to be done : Furnish & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) III. PUMPHOUSE 4.0 Painting and Varnishing 4.1 All concrete surfaces.
 Quantity & U/M : 9 sq.m.
 Work to be done : Furnish & Apply

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : ARCHITECTURAL WORKS (AW) III. PUMPHOUSE 5.0 Miscellaneous 5.1 Soil poisoning; authorized anti-termite liquid concentrate.
 Quantity & U/M : 5 sq.m.
 Work to be done : Furnish & Apply

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 1.0a Conduct Transformer Insulation Resistance Test, Winding Resistance test, Oil Test, Ratio Test, Capacitance & Dissipation (Power) Factor Test prior to dismantling of the transformer
 Quantity & U/M : 1 lot
 Work to be done : Test

| A MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 1.0b Dismantling and Undressing of 10MVA Power Transformer accessories, Detanking and transfer of the existing transformer oil in a clean drum container
 Quantity & U/M : 1 set
 Work to be done : dismantle, undress & detank

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
Item No./Description : 1.0c Crating of all transformer accessories
Quantity & U/M : 1 lot
Work to be done : Crate

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
Item No./Description : 1.0d Hauling of 10MVA Power Transformer and its accessories
from Mobo S/S to proposed location of Masbate (Malinta) S/S
Quantity & U/M : 1 lot
Work to be done : Haul

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 1.0e Supply Power Transformer Mineral Insulating Oil "PCB free"
in accordance with specifications and technical data sheet
 Quantity & U/M : 7800 kgs
 Work to be done : Supply and fill

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 1. Of Replace gaskets of the secondary housing of the current
 transformer, radiator valve and oil piping flanges
 Quantity & U/M : 1 set
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 1.0g Replace rubber bushing for secondary terminal bushing
 Quantity & U/M : 1 set
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 1.0h Calibration of the mechanical protection of the transformer
(winding temperature, oil temperature, oil level indicator, rapid
pressure, pressure relay, and buchholz relay)
 Quantity & U/M : 1 lot
 Work to be done : Calibrate

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|-----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P. _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P. _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P. _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P. _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|-----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P. _____ |
|---|-----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
Item No./Description : 1.0i Installation, Testing and Commissioning of 10MVA Power Transformer and its accessories to Masbate S/S
Quantity & U/M : 1 set
Work to be done : Install, test & commissioning

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 2.0 69kV Power Circuit Breaker, 600A, 20kA, 3 pole operation,
complete with the required accessories, spare parts/tools and
supporting structures in accordance with the drawings,
Specifications and Technical Data Sheets
 Quantity & U/M : 4 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 3.0 69kV Disconnect Switch with Earthing Switch, 600A
 continuous, 20kA, suitable for 3-Pole operation, complete with
 the required accessories, spare parts/tools and supporting
 structures in accordance with the drawings, Specifications and
 Technical Data Sheets
 Quantity & U/M : 3 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 4.0 69kV Disconnect Switch without Earthing Switch, 600A,
continuous, 20kA, suitable for 3-Pole operation, complete with
the required accessories, spare parts/tools and supporting
structures in accordance with the drawings, Specifications and
Technical Data Sheets

Quantity & U/M : 9 sets

Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 5.0 Main Control Switchboard, 69/13.8kV, indoor type, complete with all the necessary devices and accessories, spare parts/tools and test equipment for the proper operation and maintenance of the equipment in accordance with the Drawings, Specifications and Technical Data Sheets

Quantity & U/M : 1 set

Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 6.0 15kV Metal-clad Switchgear, outdoor type, connected on the
wye side of the transformer, complete with the required
equipment and appurtenances (i.e. 230VAC Main Distribution
Board, surge arrester, circuit breaker, instrument transformers,
relays, meters, instrumentation, termination kits, etc.) and all
necessary devices and accessories including test equipment in
accordance with the Specifications, drawings and Technical Data
Sheets

Quantity & U/M : 1 set

Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 7.0 Station Service Transformer, 75kVA, 3 Phase, 60Hz, 13.8kV
/230VAC mounted inside the Metal-clad Switchgear complete
with the required accessories and devices including spare parts/
tools in accordance with the Drawings, Specifications and
Technical Data Sheets

Quantity & U/M : 1 set

Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 8.0 60kV Surge Arrester, outdoor type, complete with the
 required accessories, spare parts/tools and supporting structures
 in accordance with the drawings, Specifications and Technical
 Data Sheets
 Quantity & U/M : 12 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D)**P** __________
Name, Signature of Authorized Representative_____
Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
Item No./Description : 9.0 12kV Surge Arrester, outdoor type, complete with the
required accessories, spare parts/tools and supporting
structures in accordance with the drawings, Specifications and
Technical Data Sheets
Quantity & U/M : 9 sets
Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|-----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P. _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P. _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P. _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P. _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P. _____ |
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Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 10.0 69kV Current Transformer, outdoor type, 600:1A, multi-ratio with 0.3 accuracy class, four core complete with the required accessories, spare parts/tools and supporting structures including anchor bolts and mounting bolts in accordance with the drawings, Specifications and Technical Data Sheets
 Quantity & U/M : 24 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
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Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 11.0 69kV Voltage Transformer, outdoor type, with 0.3 accuracy
class complete with the required accessories spare parts/tools
and supporting structures including anchor bolts and mounting
bolts in accordance with the drawings, Specifications and
Technical Data Sheets
 Quantity & U/M : 12 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 12.0 '69kV Current Transformer for Revenue Meter, outdoor
type, 600:1A, multi-ratio with 0.3 accuracy class, two core
complete with the required accessories, spare parts/tools and
supporting structures including anchor bolts and mounting bolts
in accordance with the drawings, Specifications and Technical
Data Sheets

Quantity & U/M : 9 sets

Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|------------------|----------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
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Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 13.0 69kV Voltage Transformer for Revenue Meter, outdoor
type, with 0.3 accuracy class complete with the required
accessories spare parts/tools and supporting structures including
anchor bolts and mounting bolts in accordance with the drawings,
Specifications and Technical Data Sheets

Quantity & U/M : 9 sets

Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|------------------|----------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 14.0 69kV Outdoor Metering Equipment complete with the
 required supporting structures, anchor bolts and accessories,
 composed of the ff.:
 1. Billing Meter and its Cabinet
 Quantity & U/M : 3 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 15.0 13.8kV Outdoor Metering Equipment complete with the
required supporting structures, anchor bolts and accessories,
composed of the ff.:
1. Billing Meter and its Cabinet
2. Current Transformer, 13.8kV (3 units/set)
3. Voltage Transformer, 13.8kV (3 units/set)

Quantity & U/M : 2 sets

Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 16.0 Steel (Gantry) Structures, 69kV & 13.8kV configuration,
lattice type, hot dipped galvanized, complete with all mounting
bolts and accessories in accordance with the Drawings.
Specifications and Technical Data Sheets
a. 69kV Post

Quantity & U/M : 1 lot

Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 16.0 Steel (Gantry) Structures, 69kV & 13.8kV configuration,
lattice type, hot dipped galvanized, complete with all mounting
bolts and accessories in accordance with the Drawings,
Specifications and Technical Data Sheets
b. 69kV Beam
 Quantity & U/M : 1 lot
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 16.0 Steel (Gantry) Structures, 69kV & 13.8kV configuration,
lattice type, hot dipped galvanized, complete with all mounting
bolts and accessories in accordance with the Drawings,
Specifications and Technical Data Sheets
c. 13.8kV Post
 Quantity & U/M : 1 lot
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|-----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P. _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P. _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P. _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P. _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|-----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P. _____ |
|---|-----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 16.0 Steel (Gantry) Structures, 69kV & 13.8kV configuration,
lattice type, hot dipped galvanized, complete with all mounting
bolts and accessories in accordance with the Drawings,
Specifications and Technical Data Sheets
d. 13.8kV Beam
 Quantity & U/M : 1 lot
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|-----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P. _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P. _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P. _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P. _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|-----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P. _____ |
|---|-----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 17.0 AC and DC Auxiliary Switchboards, complete with the
 required devices and accessories including spare parts/tools in
 accordance with the drawings, Specifications and Technical
 Data Sheets
 Quantity & U/M : 1 lot
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D)**P** _____

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 18.0 125VDC Battery Charger complete with all the necessary
devices and accessories including spare parts/tools in
accordance with the Drawings, Specifications and Technical
Data Sheets
 Quantity & U/M : 1 set
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 19.0 125VDC Battery Bank, complete with the required battery racks including spare parts/tools and accessories in accordance with the Drawings, Specifications and Technical Data Sheets
 Quantity & U/M : 1 set
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 20.0 69kV Line Protection System, indoor type, complete with protection module, auxiliary relays, fault locator and accessories, including spare parts/tools in accordance with the Drawings, Specifications and Technical Data Sheets
 Quantity & U/M : 3 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
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Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 21.0 Transformer Protection System, indoor type, complete with
protection module, auxiliary relays and accessories including
spare parts/tools in accordance with the Drawings,
Specifications and Technical Data Sheets
 Quantity & U/M : 1 set
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 22.0 69kV Porcelain Station Post Insulator, outdoor type, with
350kV BIL complete with the required accessories spare parts/
tools and supporting structures including anchor bolts and
mounting bolts in accordance with the drawings
 Quantity & U/M : 12 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 23.0 Installation Materials consisting of bus conductors, support insulators, hardware, fittings, connectors, clamps, phase markers, etc. in accordance with the drawings, Specifications and Technical Data Sheets
 Quantity & U/M : 1 lot
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 24.0 Grounding System including grounding mat and rods
exothermic connection, riser connection to steel structures,
seclusion fence, switchyard eqpt. and interconnection to the
control room in accordance with the drawings, Specifications
and Technical Data Sheets
a. 100mm² SDCC tin annealed PVC sheated and insulated for
down leads substation equipment through grounding mat

Quantity & U/M : 1 lot

Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 24.0 Grounding System including grounding mat and rods
exothermic connection, riser connection to steel structures,
seclusion fence, switchyard eqpt. and interconnection to the
control room in accordance with the drawings. Specifications
and Technical Data Sheets
b. 100mm² bare, Soft drawn copper conductor (SDCC), tin
annealed

Quantity & U/M : 1 lot

Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 24.0 Grounding System including grounding mat and rods
exothermic connection, riser connection to steel structures,
seclusion fence, switchyard eqpt. and interconnection to the
control room in accordance with the drawings, Specifications
and Technical Data Sheets
c. 60mm² bare, Soft drawn copper conductor (SDCC), tin
annealed for perimeter fence, swinging gates and lighting post

Quantity & U/M : 1 lot

Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 24.0 Grounding System including grounding mat and rods
exothermic connection, riser connection to steel structures,
seclusion fence, switchyard eqpt. and interconnection to the
control room in accordance with the drawings, Specifications
and Technical Data Sheets
d. Braided 60mm² bare, Soft drawn copper conductor, tin
annealed for swinging gates
 Quantity & U/M : 1 lot
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 24.0 Grounding System including grounding mat and rods
exothermic connection, riser connection to steel structures,
seclusion fence, switchyard eqpt. and interconnection to the
control room in accordance with the drawings, Specifications
and Technical Data Sheets
e. Copper clad ground rods, 19mm diameter x 3000mm in length

Quantity & U/M : 43 pcs.

Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 24.0 Grounding System including grounding mat and rods
exothermic connection, riser connection to steel structures,
seclusion fence, switchyard eqpt. and interconnection to the
control room in accordance with the drawings, Specifications
and Technical Data Sheets
f. Thermoweld powder needed for making the diff. types of
thermoweld joints

Quantity & U/M : 1 lot

Work to be done : Supply, install & test

| A MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 24.0 Grounding System including grounding mat and rods
 exothermic connection, riser connection to steel structures,
 seclusion fence, switchyard eqpt. and interconnection to the
 control room in accordance with the drawings, Specifications
 and Technical Data Sheets
 g. Test pit
 Quantity & U/M : 2 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 25.0 Power, Control and Instrument Cables in accordance with
the drawings, Specifications and Technical Data Sheets
1. Power Cables, 15 kV XLPE insulation
a.) 1c x 400 mm²
 Quantity & U/M : 1 lot
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|-----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P. _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P. _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P. _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P. _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|-----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P. _____ |
|---|-----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 25.0 Power, Control and Instrument Cables in accordance with
the drawings, Specifications and Technical Data Sheets
1. Power Cables, 15 kV XLPE insulation
b.) 1c x 70 mm²
 Quantity & U/M : 1 lot
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 25.0 Power, Control and Instrument Cables in accordance with
the drawings, Specifications and Technical Data Sheets
2. Power Cables, 600V THHN/THWN-2
a.) 1c x 14.0 mm²
 Quantity & U/M : 1 lot
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D)**P** __________
Name, Signature of Authorized Representative_____
Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 25.0 Power, Control and Instrument Cables in accordance with
the drawings, Specifications and Technical Data Sheets
2. Power Cables, 600V THHN/THWN-2
b.) 1c x 8.0 mm²
 Quantity & U/M : 1 lot
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 25.0 Power, Control and Instrument Cables in accordance with
the drawings, Specifications and Technical Data Sheets
2. Power Cables, 600V THHN/THWN-2
c.) 1c x 5.5 mm²
 Quantity & U/M : 1 lot
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 25.0 Power, Control and Instrument Cables in accordance with
the drawings, Specifications and Technical Data Sheets
2. Power Cables, 600V THHN/THWN-2
d.) 1c x 3.5 mm²
 Quantity & U/M : 1 lot
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 25.0 Power, Control and Instrument Cables in accordance with
 the drawings, Specifications and Technical Data Sheets
 2. Power Cables, 600V TC/PVC
 a.) 2c x 6.0 mm²
 Quantity & U/M : 1 lot
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 25.0 Power, Control and Instrument Cables in accordance with
the drawings, Specifications and Technical Data Sheets
2. Power Cables, 600V TC/PVC
b.) 2c x 4.0 mm²

Quantity & U/M : 1 lot

Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 25.0 Power, Control and Instrument Cables in accordance with
 the drawings, Specifications and Technical Data Sheets
 2. Power Cables, 600V TC/PVC
 c.) 3c x 6.0 mm²
 Quantity & U/M : 1 lot
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder. : _____
 Item No./Description : 25.0 Power, Control and Instrument Cables in accordance with
the drawings, Specifications and Technical Data Sheets
3. Control & Instrument Cables
a.) 4c x 2.5 mm² (shielded)
 Quantity & U/M : 1 lot
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 25.0 Power, Control and Instrument Cables in accordance with
 the drawings, Specifications and Technical Data Sheets
 3. Control & Instrument Cables
 b.) 4c x 4.0mm² (shielded)
 Quantity & U/M : 1 lot
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|---------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|--|---------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|--|---------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 25.0 Power, Control and Instrument Cables in accordance with
the drawings, Specifications and Technical Data Sheets
3. Control & Instrument Cables
c.) 4c x 5.5 mm² (shielded)
 Quantity & U/M : 1 lot
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 25.0 Power, Control and Instrument Cables in accordance with
the drawings, Specifications and Technical Data Sheets
3. Control & Instrument Cables
d.) 5c x 4.0 mm² (shielded)
 Quantity & U/M : 1 lot
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
Technical Specifications and Technical Data Sheets composed of
the following:
a. Indoor/Outdoor Lighting Fixtures
1. Fixture Type A
 Quantity & U/M : 12 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
Technical Specifications and Technical Data Sheets composed of
the following:
a. Indoor/Outdoor Lighting Fixtures
2. Fixture Type B
 Quantity & U/M : 4 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
Technical Specifications and Technical Data Sheets composed of
the following:
a. Indoor/Outdoor Lighting Fixtures
3. Fixture Type C
 Quantity & U/M : 2 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
Technical Specifications and Technical Data Sheets composed of
the following:
a. Indoor/Outdoor Lighting Fixtures
4. Fixture Type D
 Quantity & U/M : 5 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
Technical Specifications and Technical Data Sheets composed of
the following:
a. Indoor/Outdoor Lighting Fixtures
5. Fixture Type I
 Quantity & U/M : 7 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
Technical Specifications and Technical Data Sheets composed of
the following:
a. Indoor/Outdoor Lighting Fixtures
6. Fixture Type F
 Quantity & U/M : 6 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
Technical Specifications and Technical Data Sheets composed of
the following:
a. Indoor/Outdoor Lighting Fixtures
7. Fixture Type K
Quantity & U/M : 9 sets
Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
Technical Specifications and Technical Data Sheets composed of
the following:
a. Indoor/Outdoor Lighting Fixtures
8. Fixture Type M
 Quantity & U/M : 2 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
Technical Specifications and Technical Data Sheets composed of
the following:
a. Indoor/Outdoor Lighting Fixtures
9. Fixture Type O
 Quantity & U/M : 2 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
 Technical Specifications and Technical Data Sheets composed of
 the following:
 b. Outlets and Switches
 1. Convenience Outlet, Duplex, 250V, 15A
 Single Phase grounding type
 Quantity & U/M : 13 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
Technical Specifications and Technical Data Sheets composed of
the following:
b. Outlets and Switches
2. Convenience Outlet, Duplex, 250V, 15A
Weather Proof, 1-Phase grounding type
 Quantity & U/M : 8 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
 Technical Specifications and Technical Data Sheets composed of
 the following:
 b. Outlets and Switches
 3. Enclosed Safety Breaker, 25 A
 1-Phase, grounding type, NEMA 3R
 Quantity & U/M : 2 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
Technical Specifications and Technical Data Sheets composed of
the following:
b. Outlets and Switches
4. Enclosed Safety Breaker, 30 A
1-Phase, grounding type, NEMA 3R
 Quantity & U/M : 2 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
Technical Specifications and Technical Data Sheets composed of
the following:
b. Outlets and Switches
5. Exhaust fan/Emergency Light outlet
single receptacle, 250V, 1-Phase, 15A
 Quantity & U/M : 8 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
Technical Specifications and Technical Data Sheets composed of
the following:
b. Outlets and Switches
6. Switch, duplex, one gang plate,
10A, 250 VAC
 Quantity & U/M : 4 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|-----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P. _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P. _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P. _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P. _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|-----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P. _____ |
|---|-----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
Technical Specifications and Technical Data Sheets composed of
the following:
b. Outlets and Switches
7. Switch, single, one gang plate,
10A, 250 VAC
 Quantity & U/M : 8 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
Technical Specifications and Technical Data Sheets composed of
the following:
c. Enclosed Safety Breaker, 20 A, 230 VAC , 1-Phase
 Quantity & U/M : 1 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
Technical Specifications and Technical Data Sheets composed of
the following:
d. Enclosed Safety Breaker, 20 A, 230 VAC , 1-Phase, NEMA 3R
 Quantity & U/M : 1 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 26.0 Lighting and Power System in accordance with the drawing,
Technical Specifications and Technical Data Sheets composed of
the following:
e. Lighting/Power Panel Board and Circuit Breakers
230 VAC , 3-Phase, 14 + 1 CB
Main Breaker: 100AF/60AT, 3P, MCCB
Branch Circuit: 2 - 50AF/40AT, 2P, MCB
 2 - 50AF/25AT, 2P, MCB
 9 - 50AF/20AT, 2P, MCB
 2 - 50AF/15AT, 2P, MCB
 Quantity & U/M : 1 sets
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 27.0 Conduit and Cable Tray System in accordance with the
 drawings, Technical Specifications and Technical Data Sheets
 composed of the following:
 a. Conduit
 1. 20 mm dia. uPVC
 Quantity & U/M : 630 l.m.
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 27.0 Conduit and Cable Tray System in accordance with the
drawings, Technical Specifications and Technical Data Sheets
composed of the following:
a. Conduit
2. 25 mm dia. uPVC
 Quantity & U/M : 200 l.m.
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 27.0 Conduit and Cable Tray System in accordance with the
 drawings, Technical Specifications and Technical Data Sheets
 composed of the following:
 a. Conduit
 3. 32 mm dia. uPVC
 Quantity & U/M : 25 l.m.
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 27.0 Conduit and Cable Tray System in accordance with the
 drawings, Technical Specifications and Technical Data Sheets
 composed of the following:
 a. Conduit
 3. 50 mm dia. uPVC
 Quantity & U/M : 150 l.m.
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 27.0 Conduit and Cable Tray System in accordance with the
drawings, Technical Specifications and Technical Data Sheets
composed of the following:
a. Conduit
5. 110 mm dia. uPVC
 Quantity & U/M : 30 l.m.
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 27.0 Conduit and Cable Tray System in accordance with the
drawings, Technical Specifications and Technical Data Sheets
composed of the following:
a. Conduit
6. Boxes, Fittings & Accessories
 Quantity & U/M : 1 lot
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 27.0 Conduit and Cable Tray System in accordance with the
 drawings, Technical Specifications and Technical Data Sheets
 composed of the following:
 b. Cable Tray System
 1. Cable Tray ,Straight Type (300 mm x 100 mm)
 Quantity & U/M : 180 l.m.
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 27.0 Conduit and Cable Tray System in accordance with the
drawings, Technical Specifications and Technical Data Sheets
composed of the following:
b. Cable Tray System
2. Cable Tray , Horizontal Tee Type (300 mm x 100 mm)
 Quantity & U/M : 7 pcs.
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 27.0 Conduit and Cable Tray System in accordance with the
drawings, Technical Specifications and Technical Data Sheets
composed of the following:
b. Cable Tray System
3. Cable Tray , 90° Horizontal Elbow (300 mm x 100 mm)
 Quantity & U/M : 3 pcs.
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 27.0 Conduit and Cable Tray System in accordance with the
drawings, Technical Specifications and Technical Data Sheets
composed of the following:
b. Cable Tray System
4. Complet Cable Tray Support
 Quantity & U/M : 1 lot
 Work to be done : Supply & install

| A. MATERIALS | | | | |
|---|---------------|-------------|------------|-----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P. _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P. _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P. _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P. _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|-----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P. _____ |
|---|-----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 28.0 Main Distribution Frame (Data Cabinet): Baked Enamel
 Perforated Door w/lock & keys, 42U(H), 600(W), 1200(D)
 Accessories: 3-fixed trays, 15-outlet 3-prong PDU, exhaust fans,
 adjustable square-hole rail w/cage nuts & bolts.
 Quantity & U/M : 1 set
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 29.0 8-channel, Network Video Recorder (NVR), 2-1 x 8TB NAS
 hard drive, VGA, HDMI, USB interface Accessories: Mounting
 tray, 1U cable management
 Quantity & U/M : 1 unit
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 30.0 5MP dome type IP-camera (POE) Indoor with 4 x 4 WP -box
 Quantity & U/M : 3 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (Indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (Indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (Indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 31.0 5MP bullet type IP-camera (POE) outdoor with 4 x 4 WP
 -box & pole-mount bracket
 Quantity & U/M : 5 sets
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 32.0 8-port gigabit POE managed switch with 2-1X10GBE
 tranceiver uplink port
 Quantity & U/M : 1 set
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 33.0 3kVA uninterruptible Power Supply (UPS), online double
conversion. Accessories: rack-mount bracket
 Quantity & U/M : 1 unit
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 34.0 Cat6 STP (Shielded Twisted Pair) Cable
 Quantity & U/M : 1 lot
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|---|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 35.0 42-inch LED monitor display VGA/HDMI interface
 Accessories: Wall-mount bracket, 15-meter HDMI cable
 Quantity & U/M : 1 unit
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (Indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (Indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (Indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 36.0 3-trunkline x 8-hybrid local lines IP-PABX. Accessories:
Mounting tray, AC power supply, 2-1 x 12VDC 200Ah battery
with DC cable, 24-THX digital phone, 1-1 x 8-SLT analog
telephone, 1U cable management, programming as per NPC
dialing plan

Quantity & U/M : 1 lot

Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 37.0 24-port gigabit manage switch, 2-SFP uplink port, 220VAC
 Quantity & U/M : 1 unit
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (Indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (Indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (Indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 38.0 Krone LSA disconnect module with backplate Accessories:
Mounting bracket
 Quantity & U/M : 1 unit
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 39.0 2-port faceplate with shutter for voice and data Input/
 Output (I/O) _____
 Quantity & U/M : 1 unit _____
 Work to be done : Supply, install & test _____

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 40.0 RJ-45 voice information outlet (I/O), 110 punch-down _____
 Quantity & U/M : 8 unit _____
 Work to be done : Supply, install & test _____

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 41.0 RJ-45 data information outlet (I/O), 110 punch-down
 Quantity & U/M : 4 unit
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

| | | |
|----------------------|---|--|
| Name of Bidder | : | |
| Item No./Description | : | 42.0 IP-66 steel floor standing telephone box 300(H) x 250(W) x 150(D) |
| Quantity & U/M | : | 1 unit |
| Work to be done | : | Supply, install & test |

| | | | | | |
|---|----------------------------------|----------------------|--------------------|-------------------|----------------|
| A | MATERIALS | | | | |
| Description and Specifications (indicate additional items if necessary) | | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | | |
| 2. _____ | | | | | |
| 3. _____ | | | | | |
| 4. _____ | | | | | |
| 5. _____ | | | | | |
| Sub-total for A | | | | | P _____ |
| B | LABOR | | | | |
| Designation (indicate additional items if necessary) | | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | | |
| 2. _____ | | | | | |
| 3. _____ | | | | | |
| 4. _____ | | | | | |
| 5. _____ | | | | | |
| Sub-total for B | | | | | P _____ |
| C | EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | | |
| 2. _____ | | | | | |
| 3. _____ | | | | | |
| 4. _____ | | | | | |
| 5. _____ | | | | | |
| Sub-total for C | | | | | P _____ |
| D | TRANSPORT (AS APPLICABLE) | | | | |
| Description | | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | | |
| 2. _____ | | | | | |
| Sub-total for D | | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|--|---|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P |
|--|---|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 43.0 Cat5e STP (shielded twisted pair) cable
 Quantity & U/M : 1 lot
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 44.0 RJ-45 unshielded jack _____
 Quantity & U/M : 40 pcs. _____
 Work to be done : Supply, install & test _____

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 45.0 Telephone flat cable-black (100m/roll)
 Quantity & U/M : 1 lot
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 46.0 RJ-11 unshielded jack
 Quantity & U/M : 20 pcs.
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 47.0 Security gateway (firewall) small-form factor 3-network
 interface. EIA-232/EIA-485 serial ports, IRIG-B (I/O) time-synch.
 AC/DC power supply. Accessories: Mounting tray, 1U cable
 Management
 Quantity & U/M : 1 set
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 48.0 Satellite-synchronized clock, large LED display EIA-232
serial port, IRIG-B (I/O), AC/DC power supply
 Quantity & U/M : 1 unit
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
Item No./Description : 49.0 Real-time automation controller, Linux-base 533Mhz
1024MB RAM 2GB storage, ethernet & serial ports, DNP3
Serial, DNP3 LAN/WAN, Modbus RTU & TCP IEEE C37.118,
IEC 61850 supported protocols IRIG-B (I/O), AC/DC power
supply. Accessories RTAC software, and 1U cable management
Quantity & U/M : 1 set
Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 50.0 24-port unmanaged ethernet switch, interface:
4-1 x Gbe ethernet copper, 16-1 x 10/100MBps, and
4-1 x SFP ports, redundant AC & DC power supply
Accessories: 1U cable management
 Quantity & U/M : 2 units
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 51.0 Network printer, monochrome, 220VAC
 Quantity & U/M : 1 unit
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 52.0 Local control center (operator): Accessories: 3-1 x 27-inch
 LED monitor display, RTAC-software for workstation, and
 keyboard & mouse
 Quantity & U/M : 1 set
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 53.0 Cat5e FTP (foil twisted pair) cable
 Quantity & U/M : 1 lot
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 54.0 RJ-45 metal-shielded jack
 Quantity & U/M : 50 pcs.
 Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 55.0 Two-way Radio Communication System, antenna mast with concrete foundation, cables, PTT microphone, and power supply, in accordance with the specifications and Technical Data Sheets
a. Base Station, 136~174Mhz, 45W RF output, analog/digital sensitivity 0.3uV/0.22uV, AMBE+2TM digital vocoder, OTA programming, dual capacity, IP-54, external speaker, MIL-STD, FCC & ICC Standard cw/ DC power supply

Quantity & U/M : 1 set

Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 55.0 Two-way Radio Communication System, antenna mast with concrete foundation, cables, PTT microphone, and power supply, in accordance with the specifications and Technical Data Sheets
b. Base Antenna, omni-directional fiberglass, 3.8dB gain, 144~174MHz, 200W max. power at 50-ohm c/w RG-8 high-grade coaxial cable, surge protector, and PL-259 connectors

Quantity & U/M : 1 unit

Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
Item No./Description : 55.0 Two-way Radio Communication System, antenna mast with concrete foundation, cables, PTT microphone, and power supply, in accordance with the specifications and Technical Data Sheets
c. 60-foot antenna mast, painted as per CAA standard with climbing steps, support accessories, and lightning arrester and ground cable
Quantity & U/M : 1 set
Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|---|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 55.0 Two-way Radio Communication System, antenna mast
with concrete foundation, cables, PTT microphone, and power
supply, in accordance with the specifications and Technical Data
Sheets
d. Mobile Station, 136~174Mhz, 45W RF output, analog/digital
sensitivity 0.3uV/0.22uV, AMBE+2TM digital vocoder, OTA
programming, dual capacity, IP-54, MIL-STD, FCC & ICC
Standard

Quantity & U/M : 2 units

Work to be done : Supply, install & test

| A MATERIALS | | | | |
|---|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 55.0 Two-way Radio Communication System, antenna mast
with concrete foundation, cables, PTT microphone, and power
supply, in accordance with the specifications and Technical Data
Sheets
e. Mobile Antenna, omni-directional 5/8-wave whip with PO/SO-
239 magnetic-base mount, 200W max. power at 50-ohm c/w RG
-58 high-grade coaxial cable, and PL-259 connectors

Quantity & U/M : 2 sets

Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|---|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

SECTION VIII – BIDDING FORMS

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : 55.0 Two-way Radio Communication System, antenna mast with concrete foundation, cables, PTT microphone, and power supply, in accordance with the specifications and Technical Data Sheets
f. Portable Station, LKP display, 5W RF output, analog/digital sensitivity 0.16uV/0.14uV, AMBE+2TM digital vocoder, IP67 rating and MIL-STD specs., spare lithium-ION battery pack with battery charger

Quantity & U/M : 4 sets

Work to be done : Supply, install & test

| A. MATERIALS | | | | |
|---|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 2 Programming (As per NPC licensed radio frequency), VSWR
test, NTC licensing and assistance fee for the two-way radio
communication system
 Quantity & U/M : 1 lot
 Work to be done : To perform

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 56.0 Factory Acceptance Test of 69kV Power Circuit Breaker to
be witnessed by three(3) NPC representative in accordance with
the specifications and technical data sheets at manufacturer's
premises
 Quantity & U/M : 1 lot
 Work to be done : Test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 57.0 Factory Acceptance Test of 15kV Metal-Clad Switchgear to be witnessed by three(3) NPC representative in accordance with the specifications and technical data sheets at manufacturer's premises
 Quantity & U/M : 1 lot
 Work to be done : Test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 58.0 Factory Acceptance Test of 69kV Line Protection System
to be witnessed by three(3) NPC representative in accordance
with the specifications and technical data sheets at
manufacturer's premises
 Quantity & U/M : 1 lot
 Work to be done : Test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : 59.0 Factory Acceptance Test of 69kV Substation Protection
System to be witnessed by three(3) NPC representative in
accordance with the specifications and technical data sheets at
manufacturer's premises
 Quantity & U/M : 1 lot
 Work to be done : Test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.1 Water Storage & Pumping Sys. 1.1.1 Deep Well Drilling, Development & Disinfection, 20m deep comp. w/ 50mmΦ casing & 32mmΦ suction pipe conf. to ASTM A53 Grade A, Sched 40, hot-dip galvanized, incl. well drilling permit & other accs as described in the TS
 Quantity & U/M : 1 lot
 Work to be done : Drilling, Well Development, & Disinfection, Securing Permit

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.1 Water Storage & Pumping Sys. 1.1.2 Conv. Jet Pump, 2.6m³/h (11.5 gpm) min cap. at 35Mhead, 230V, 1phase, 60hz w/ 25mmØ hot dip galvanized steel suction pipe conf. to ASTM A53 GradeA, Sched40, welded or seamless comp. w/ power cable, inst. & controls, control panel, & other accs, as described in the TS

Quantity & U/M : 1 set

Work to be done : Supply, Install and Test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

**Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.*

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.1 Water Storage & Pumping Sys. 1.1.3 Elevated Water Storage tank, 900 liters(237gal.) capacity, triple Layer polyethylene, cylindrical flat bottom, complete with nozzles/manhole, inlet and outlet nozzles.supports, overflow and drain, nozzles with pipes.
 Quantity & U/M : 1 set
 Work to be done : Supply, Install and Test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (Indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

**Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.*

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.1 Water Storage & Pumping Sys. 1.1.4 Level Switch, Stainless Steel chamber and float two (2) level set points, field adjustable, designed for top mounting
 Quantity & U/M : 1 set
 Work to be done : Supply, Install and Test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.1 Water Storage & Pumping Sys. 1.1.5 Gate Valve 32mmØ rising stem, cast bronze, screwed ends, Class 150
 Quantity & U/M : 1 set
 Work to be done : Supply, Install & Test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

**Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.*

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.1 Water Storage & Pumping Sys. 1.1.6 Gate Valve 25mmØ rising stem, cast bronze, screwed ends, Class 150
 Quantity & U/M : 1 set
 Work to be done : Supply, Install & Test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.1 Water Storage & Pumping Sys. 1.1.7 Check valve, 25mmØ, Swing type, cast bronze, screwed ends, Class 150
 Quantity & U/M : 1 set
 Work to be done : Supply, Install & Test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.1 Water Storage & Pumping Sys. 1.1.8 Water Pipe, 32mm O.D. (25mm N.D.), unplasticized PVC, schedule 80 or class 150, associated fittings, pipe supports and other accessories as described in the technical specifications
 Quantity & U/M : 12 lm
 Work to be done : Supply, Excavate, Install, Test & Backfill

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.1 Water Storage & Pumping Sys. 1.1.9 Pressure gauge @ pump's suction and discharge, 100mm Ø dial gage, bourdon tube type, 0-3kg/cm² scale range, equipped with isolation valve
 Quantity & U/M : 2 sets
 Work to be done : Supply & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.1 Water Storage & Pumping Sys. 1.1.10 Screen,
32mmØ, stainless steel, 5mm slots fitted with (1) set of Brass Foot Valve
 Quantity & U/M : 1 set
 Work to be done : Supply & Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.1 Water Storage & Pumping Sys. 1.1.11 Spare parts for convertible jet pump for 1 year operation per manufacturer's standard and as specified in the technical specifications.
 Quantity & U/M : 1 lot
 Work to be done : Supply and Delivery

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

**Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.*

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.2 Domestic Water Supply Piping 1.2.1 Gate Valve 25mmØ rising stem, cast bronze, screwed ends, Class 150
 Quantity & U/M : 3 sets
 Work to be done : Supply, Install and Test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.2 Domestic Water Supply Piping 1.2.2 Gate Valve 20mmØ rising stem, cast bronze, screwed ends, Class 150
 Quantity & U/M : 1 set
 Work to be done : Supply, Install and Test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.2 Domestic Water Supply Piping 1.2.3 Water Pipe, 32mm O.D. (25mm " N.D.), unplasticized PVC, schedule 80 or class 150, associated fittings, pipe supports and other accessories as described in the technical specifications

Quantity & U/M : 18.1m

Work to be done : Supply, Excavate, Install, Test & Backfill

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

**Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.*

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.2 Domestic Water Supply Piping 1.2.4 Water Pipe, 25mm O.D. (20mm N.D.), unplasticized PVC, schedule 80 or class 150, associated fittings, pipe supports and other accessories as described in the technical specifications
 Quantity & U/M : 18 lm
 Work to be done : Supply, Excavate, Install, Test & Backfill

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

**Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.*

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.2 Domestic Water Supply Piping 1.2.5 Water Pipe, 20mm O.D. (15mm N.D.), unplasticized PVC, schedule 80 or class 150, associated fittings, pipe supports and other accessories as described in the technical specifications
 Quantity & U/M : 6 lm
 Work to be done : Supply, Excavate, Install, Test & Backfill

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
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Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.2 Domestic Water Supply Piping 1.2.6 Hose
Bibb, 20mm dia., bronze body, screwed ends, Class 150
 Quantity & U/M : 3 sets
 Work to be done : Supply and Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 1. DOM. WATER SUPPLY SYS. 1.2 Domestic Water Supply Piping 1.2.7
Disinfection of elevated water storage tank and domestic water piping system
 Quantity & U/M : 1 lot
 Work to be done : Supply, Perform & Test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 2. AIR-CONDITIONING AND VENTILATION SYSTEM 2.1 Air-Conditioning Units
2.1.1 Air conditioning unit for Switchgears Room, 12,000 kJ/hr minimum cooling capacity, inverter-split type,
wall mounted, complete with necessary mounting Accs & controls (IR remote) & other necessary accs. as
described in the TS
 Quantity & U/M : 2 sets
 Work to be done : Supply, Install & Test

| A MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 2. AIR-CONDITIONING AND VENTILATION SYSTEM 2.1 Air-Conditioning Units
2.1.2 Air conditioning units for Control Room, 20,000 kJ/hr minimum cooling capacity, inverter-split type, wall
mounted, complete with necessary mounting Accs. & controls (IR remote) & other necessary accs. as
described in the TS
 Quantity & U/M : 2 sets
 Work to be done : Supply, Install & Test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____

Item No./Description : MECHL. WORKS (MW) 2. AIR-CONDITIONING AND VENTILATION SYSTEM 2.2 Ventilation System 2.2.1 Exhaust fan for Battery Room, 450m³/h, 240V, 1-phase, 60Hz, wall mounted, propeller type, direct driven, explosion proof, complete with automatic shutter, mounting accessories and controls

Quantity & U/M : 1 set

Work to be done : Supply, Install & Test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 2. AIR-CONDITIONING AND VENTILATION SYSTEM 2.2 Ventilation System 2.2.2 Exhaust fan for Restroom, 150m³/h, 240V, 1-phase, 60Hz, wall mounted, propeller type, direct driven, complete with automatic shutter, mounting accessories and controls
 Quantity & U/M : 1 set
 Work to be done : Supply, Install & Test

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 3. FIRE FIGHTING SYSTEM 3.1 Portable Fire Extinguishers, HCFC or Halotron I, 7.1 kg (15 lbs), non-expiry, multi shots, wall hung type with bracket and mounting accessories, UUFM approved
 Quantity & U/M : 4 sets
 Work to be done : Supply and Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 4. LABELS OR TAGGING 4.1 Tagging or Labels for Equipment, Valves, Piping, Instruments and its fixing accessories
 Quantity & U/M : 1 lot
 Work to be done : Supply and Install

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

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|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation

Standard Form: NPCSF-INFR-15

DETAILED UNIT PRICE COMPUTATION FORM (FOR DIRECT COST)

Name of Bidder : _____
 Item No./Description : MECHL. WORKS (MW) 5. PAINTING 5.1 Painting for tank support, domestic water eqpt. & piping, its asso. Valves, fittings, piping supports & other accessories including touch-up for factory painted eqpt. & accs. As described in the TS.
 Quantity & U/M : 1 lot
 Work to be done : Supply and Apply

| A. MATERIALS | | | | |
|--|---------------|-------------|------------|----------------|
| Description and Specifications (indicate additional items if necessary) | Quantity | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for A | | | | P _____ |
| B. LABOR | | | | |
| Designation (indicate additional items if necessary) | No. of Person | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for B | | | | P _____ |
| C. EQUIPMENT | | | | |
| Name and Capacity (indicate additional items if necessary) | No. of Equip. | No. of Days | Daily Rate | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| Sub-total for C | | | | P _____ |
| D. TRANSPORT (AS APPLICABLE) | | | | |
| Description | Qty. | Unit | Unit Cost | Amount |
| 1. _____ | | | | |
| 2. _____ | | | | |
| Sub-total for D | | | | P _____ |

*Use Additional Sheets as necessary. In case of discrepancy between the data stated above and the Bill of Quantities, the data indicated in the Bill of Quantities shall govern.

| | |
|---|----------------|
| TOTAL DIRECT COST FOR ITEM NO. _____ (A+B+C+D) | P _____ |
|---|----------------|

Name, Signature of Authorized Representative

Designation