BILL OF QUANTITIES

Project Name : Repair/Replacement of Dilapidated Roofing, Gutter, Fascia and Sidings Including Repainting and Electrical System of Transit Shed at Sasa Port, Davao City

Location : Sasa Port, Davao City

Item No.	Description	Unit	Quantity	Unit Cost	Amount
I	**Mobilization / Demobilization at Pesos:** _____ per lot	Lot	1.00		
II	**Supply of Labor, Materials and Equipment for the Removal and Disposal of Dilapidated Roofing, Sidings, Gutters, Flashing and Eaves, Trusses Facing Sea at Pesos:** _____ per lot	Lot	1.00		
III	**Masonry Works (Retouching Works) at Pesos:** _____ per sq.m.	Sq.M.	770.45		
IV	**Steel Works (Repair and Replacement of Eaves Trusses Fronting the Sea, Lock-up Area, Fascia and Sidings) at Pesos:** _____ per lot	Lot	1.00		

BILL OF QUANTITIES

Project Name : Repair/Replacement of Dilapidated Roofing, Gutter, Fascia and Sidings Including Repainting and Electrical System of Transit Shed at Sasa Port, Davao City

Location : Sasa Port, Davao City

Item No.	Description	Unit	Quantity	Unit Cost	Amount
V	**Supply of Labor, Materials and Equipment for the Installation of Roofing Including Sidings, Gutters, Ridge Roll and Flashing at Pesos:** _____per lot	Lot	1.00		
VI	**Plumbing Works (Downspout) at Pesos:** _____per lot	Lot	1.00		
VII	**Electrical Works at Pesos:** _____per lot	Lot	1.00		
VIII	**Painting Works at Pesos:** _____per sq.m.	Sq.M.	5,513.73		
IX	**Supply of Labor, Materials and Equipment for the Fabrication/Installation of Project Billboard at Pesos:** _____**per lot**	Lot	1.00		

BILL OF QUANTITIES

Project Name : Repair/Replacement of Dilapidated Roofing, Gutter, Fascia and Sidings Including Repainting and Electrical System of Transit Shed at Sasa Port, Davao City

Location : Sasa Port, Davao City

Item No.	Description	Unit	Quantity	Unit Cost	Amount
X	**Construction Safety and Health Program (as required under Department Order No. 13) at Pesos:**	Lot	1.00		
	_____per lot				
Total Cost of Bid (inclusive of 12% VAT and all other taxes) >>>>>>>>>>>>>					**₱**
Amount in words					

Submitted By :

_____

Name and Signature of Authorized Representative