BILL OF QUANTITIES

Project Name : Emergency Repair of Damaged Portland Cement Concrete Pavement (PCCP), Concrete Gutter and Drainage Manhole Cover 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	**Demolition and Disposal of Existing Pavement (thickness=0.30m), Concrete Gutter and Manhole Cover at Pesos:** _____ per sq.m.	Sq.M.	2,982.40		
III	**Excavation/Backfill and Disposal at Pesos:** _____ per cu.m.	Cu.M.	5,043.99		
IV	**Supply and Compaction of Item 200 for Sub-Base at Pesos:** _____ per cu.m.	Cu.M.	593.41		
V	**Supply and Compaction of Item 201 for Base at Pesos:**				

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Location : Sasa Port, Davao City

Item No.	Description	Unit	Quantity	Unit Cost	Amount
		Cu.M.	593.41		
	_____per cu.m.				
VI	**Supply, Deliver and Compact Selected Fill at Pesos:**	Cu.M.	2,967.05		
	_____ per cu.m.				
VII	**Supply, Fabricate and Install Reinforcing Bar for PCCP at Pesos:**	Kgs.	19,439.38		
	_____ per kg.				
VIII.	**Reconcreting of Portland Cement Concrete Pavement (0.30m) and Form Works at Pesos:**	Sq.M.	3,180.20		
	_____ per sq.m.				
IX.	**Reconstruction of Concrete Gutter at Pesos:**	Lot	1.00		

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Location : Sasa Port, Davao City

Item No.	Description	Unit	Quantity	Unit Cost	Amount
	_____per lot				
X.	**Supply, Fabricate and Install Billboard at Pesos:**	Lot	1.00		
	_____per lot				
XI.	**Rehabilitate, Fabricate and Install Drainage Manhole Cover at Pesos:**	Units	6.00		
	_____per unit				
XII.	**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 :

BILL OF QUANTITIES

Project Name : Emergency Repair of Damaged Portland Cement Concrete Pavement (PCCP), Concrete Gutter and Drainage Manhole Cover at Sasa Port, Davao City

Location : Sasa Port, Davao City

Item No.	Description	Unit	Quantity	Unit Cost	Amount
Name and Signature of Authorized Representative					