

Name of Bidder : _____
 Authorized Representative : _____

Standard Form Number: SF-INFR-55
 Revised on: August 11, 2004

Bill of Quantities

<u>MAINTENANCE OF STAFFHOUSE AND GAD BUILDING</u> <u>PORT OF HILONGOS, LEYTE</u>					
Item No.	Description	Quantity	Unit	Unit Price (Pesos)	Amount (Pesos)
I.	GENERAL EXPENSES				
I.1	<u>Mobilization, Demobilization</u> <u>and Clean-up of Site</u> (Pesos _____ _____ <i>Amount in Words</i> and _____ centavos)	1.00	lot		
II.	STAFFHOUSE				
II.1	<u>Removal and Replacement of</u> <u>Damaged Roofing</u> (Pesos _____ _____ <i>Amount in Words</i> and _____ centavos)	160.75	sq.m		
II.2	<u>Installation of Gutter</u> <u>including Downspout</u> (Pesos _____ _____ <i>Amount in Words</i> and _____ centavos)	44.00	ln.m		
II.3	<u>Removal and Replacement of</u> <u>Damaged Ceiling Board</u> (Pesos _____ _____ <i>Amount in Words</i> and _____ centavos)	138.00	sq.m		
II.4	<u>Painting of Ceiling, Columns,</u> <u>Interior and Exterior Walls</u> (Pesos _____ _____ <i>Amount in Words</i> and _____ centavos)	387.00	sq.m		
II.5	<u>Removal and Replacement of</u> <u>Damaged Doors and Windows</u> <u>including accessories</u> (Pesos _____ _____ <i>Amount in Words</i> and _____ centavos)	11.00	units		

II.6	Demolition of Portion of CHB Wall for a New Access (Pesos _____ _____ <i>Amount in Words</i> and _____ centavos)	1.00	lot		
III.	<u>GAD BUILDING</u>				
III.1	Removal and Replacement of Damaged Roofing (Pesos _____ _____ <i>Amount in Words</i> and _____ centavos)	56.37	sq.m		
III.2	Installation of Gutter including Downspout (Pesos _____ _____ <i>Amount in Words</i> and _____ centavos)	16.00	ln.m		
III.3	Removal and Replacement of Damaged Ceiling Board (Pesos _____ _____ <i>Amount in Words</i> and _____ centavos)	36.55	sq.m		
III.4	Painting of Ceiling, Interior and Exterior Walls (Pesos _____ _____ <i>Amount in Words</i> and _____ centavos)	172.55	sq.m		
III.5	Removal and Replacement of Damaged Doors and Windows including accessories (Pesos _____ _____ <i>Amount in Words</i> and _____ centavos)	11.00	units		
Total					

Submitted by:

Authorized Representative/Signature : _____ Date : _____
Designation : _____
Name of Bidder : _____