

PRICE SCHEDULE (Rental Vehicles)**Lot 1****Tender Ref: UA/RFQ/VEH/002**

Please mention your bid/quote on this form along with your signature and stamp on each page or in the same manner on your letterhead.

No.	Item Name	Specification مشخصات	Unite Type	Qty	Unit Price AFN	Total Price AFN
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Please make sure that following documents are submitted (dully singed and stamped): 1) Price Schedule 2) Tenderer's Relevant Experience 3) Tenderers Declaration (Signed/stamped) 4) Company Certificate of Registration 5) Copy of the valid TIN 6) Profile including copies of previous Purchased Orders/Contracts for relevant experiences provided in "Tenderer's Relevant Experience Form). **Bidder must provide its contact information like valid contact number and valid office address, non-provision of contact information may have serious impact on evaluation of your bids.**

Please note that previous experience is one of criteria for bid evaluation therefore non-submission may have impact on evaluation.

1	Flying Coach (Four Wheel Drive)	<ol style="list-style-type: none"> 1. Pick up Staff From Kabul City Location and Drop the staff at BHCs from Saturday up to Thursday (6 days per Week) 2. Monthly Medicine supply from UA Main office to BHCs (Twice per Month) 3. Monthly RUTF supply from UA Main office to BHCs (Twice per Month) 4. Vaccination Outreach (Twice per Week) 5. Emergency Patients refer to DH (District Hospital) and return 6. Health Post-supervision (6 times per month) 7. CHW Kits Supply (Once per Month) 8. Costs must include all taxes and fuel Charges, Repair and Maintenances charges, Drivers Salary, 9. Should be Facilitated with Cooling and Heating, 10. Spare tire, toolbox, fire Extinguisher 11. Cars must be in good condition and a valid Driver's License and valid Number Plate 12. Cars Must stay at BHCs tile the end of the day 	Flying Coach (Four Wheel Drive)	1		
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2	HIACE	13. Pick up Staff From Kabul City Location and Drop the staff at BHCs from Saturday up to Thursday (6 days per Week) 14. Monthly Medicine supply from UA Main office to BHCs (Twice per Month) 15. Monthly RUTF supply from UA Main office to BHCs (Twice per Month) 16. Vaccination Outreach (Twice per Week) 17. Emergency Patients refer to DH (District Hospital) and return 18. Health Post-supervision (6 times per month) 19. CHW Kits Supply (Once per Month) 20. Costs must include all taxes and fuel Charges, Repair and Maintenances charges, Drivers Salary, 21. Should be Facilitated with Cooling and Heating, 22. Spare tire, toolbox, fire Extinguisher 23. Cars must be in good condition and a valid Driver's License and valid Number Plate 24. Cars Must stay at BHCs tile the end of the day	HIACE	6		
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3	4RUNNER 2007 or Above	<ol style="list-style-type: none"> 1. Joint Monitoring Visits to BHCS (Twice per Month) 2. Supervision of 7 BHCs (Routine Base) 3. Meetings with DOPH 4. Monthly Vaccine supply 5. PND Meeting Monthly 6. Monthly RUTF supply from UA Main office to BHCs (Twice per Month) 7. Health Post supervision (6 times per month) 8. CHW Kits Supply (Once per Month) 9. Costs must include all taxes, Fuel Charges, Repair and Maintenances charges, Drivers Salary. 10. Should be Facilitated with Cooling and Heating, 11. Spare tire, toolbox, fire Extinguisher 12. Cars must be in good condition and valid Driver's License and valid Number Plate 13. Cars Must stay at the Office 	4RUNNER 2007 or Above	2		
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4	4RUNNER 2007 or Above	<ol style="list-style-type: none"> 1. Frequent visits to Banks 2. Frequent visits to MTO, ARD 3. Frequent visits for Purchases from Market 4. Provinces and districts visits for emergency projects if required 5. Meeting with all stakeholders 6. Costs must include all taxes, Fuel Charges, Repair and Maintenance charges, Drivers Salary. 7. Should be Facilitated with Cooling and Heating, 8. Spare tire, toolbox, fire Extinguisher 9. Cars must be in good condition and valid Driver's License and valid Number Plate 10. Cars Must stay at the Office 	4RUNNER 2007 or Above	1		
	Total =					

Name of Bidder _____ Business Name _____ Signature & Stamp of Bidder _____

Date _____ Contact Number of Bidder _____ Office Address of Bidder _____

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