

COST DISTRIBUTION FORM

PARTICULARS		6:00AM to 6:00PM shift	6:00PM to 6:00AM shift
I.	PADPAO RATE PER WAGE ORDER No. NCR-24		
	Days worked per week		
	No. of days/year		
	Daily Wage (Php)		
A.	Amount to Guard:		
	Ave. Pay/Month		
	Night Differential Pay		
	13th Month pay		
	5 Days Incentive Pay		
	Uniform Allowance		
	Overtime Pay		
	<i>Subtotal Amount to Guard (A)</i>		
B.	Amount to Gov't. in Favor of Guard		
	Retirement Benefit		
	SSS Premium		
	SSS Mandatory Provident Fund		
	Philhealth Contribution		
	State Insurance Fund		
	Pag-Ibig Fund		
	<i>Subtotal Amount to Gov't. in Favor of Guard (B)</i>		
II.	TOTAL AMOUNT TO GUARD & GOV'T. (A+B)		
	C. Agency Fee: Administrative Overhead and Margin		
	D. Value Added Tax		
III.	TOTAL ADMINISTRATIVE FEE (C+D)		
	MONTHLY CONTRACT RATE (II + III)	Php -	Php -
	Number of Guards		
	TOTAL AMOUNT PER YEAR	Php -	-

Submitted by:

 (Signature over Printed Name)

Name of Bidder: _____

Date Submitted: _____