

COST DISTRIBUTION FORM

PARTICULARS		6:00AM to 6:00PM shift	6:00PM to 6:00AM shift
I.	PADPAO RATE PER WAGE ORDER No. NCR-23		
	Days worked per week		
	No. of days/year		
A.	Amount to Guard:		
	Daily Wage		
	Ave. Pay/Month		
	Night Differential Pay		
	13th Month pay		
	5 Days Incentive Pay		
	Uniform Allowance		
	Overtime Pay		
	Subtotal Amount to Guard (A)		
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		
	Subtotal Amount to Gov't. in Favor of Guard (B)		
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: _____