|  |  |  |
| --- | --- | --- |
| **Particulars** | **Professional Fees (PKR)** | **Remarks (if any)** |
| 1) Professional fees |  |  |
| 2) Out of pocket expense |  |  |
| **GRAND TOTAL AMOUNT (PKR)** |  |  |

**FINANCIAL OFFER FORM – ANNEX C (RFQ/SC/2023/040)**

1. **Professional fees**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S. No** | **Name of Staff** | **Role** | **No of Workdays** | **Rate per workday (PKR)** | **Total Amount (PKR)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| **Sub Total** | | | | |  |

1. **Out of pocket expense**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Unit** | **Quantities** | **Unit rate (PKR)** | **Total Amount (PKR)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Sub Total** | | | |  |

Note: UNHCR is exempted from government taxes and duties, hence prices should be quoted accordingly. No advance payment/mobilization will be given.

|  |  |
| --- | --- |
| *Date* |  |
| *Name & Title* |  |
| *For and on Behalf of (Company Name)* |  |
| *Email Address* |  |
| *Contact #* |  |
| *Signatures & Stamp* |  |