

OFFICIAL BID PRICE SHEET

PRICING

All rates will be firm throughout the duration of the contract. There will be no reimbursement for travel time, mileage, meals, lodging or other expense. **Only the quoted hourly rate will be paid.**

The hourly rate shall be inclusive of all costs affiliated with each hour of service. The estimated hours are based on previous year usage for this service. Estimates are for bidding purposes only; DHS/DDS may require more or less.

ITEM	DESCRIPTION	ESTIMATED MONTHLY HOURS	UNIT PRICE (Per Hour)	MONTHLY AMOUNT (Est. Monthly Hours X Unit Price)
1	Physician Services	64	\$	\$

ANNUAL TOTAL: _____
(Monthly Amount x 12)

By signature below, vendor agrees to and **shall** provide services at pricing specified above.

Vendor Name:		Date:	
Signature:		Title:	
Printed Name:			