

## 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.

<b>Vendor Name:</b>		<b>Date:</b>	
<b>Signature:</b>		<b>Title:</b>	
<b>Printed Name:</b>			