

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 20 hours per week according to historical data. Estimated quantities are for bidding purposes only. DHS/DDS may require more or less.

Only insert pricing on the items of the location(s) being bid.

ITEM	DESCRIPTION	ESTIMATED ANNUAL HOURS	UNIT PRICE (Per Hour)	ANNUAL AMOUNT (Est. Annual Hours X Unit Price)
1	Speech Therapy (during regular business hours)	1040	\$	\$
2	Speech Therapy – (holiday, overtime, and after hours)	10	\$	\$
ANNUAL GRAND TOTAL				\$

AUTHORIZATION SIGNATURE

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

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