

## **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.**

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

### **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.

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