

**(NOME DO POSTO)**

**PRICE QUOTATION FORM**

***(FOR RELOCATION SERVICES)***

**COMPANY *(name, signature and stamp)*:**

**CONSIGNEE:**

**ORIGIN:**

**DESTINATION:**

**CURRENCY:**

**PRICES VALID UNTIL:**

**ESTIMATED VOLUME (m3):**

**ESTIMATED WEIGHT (kg):**

1. Services at origin *(do not include THC)*:

2. Terrestrial and/or Ocean Freight:

3. Services at the destination *(do not include THC)*:

4. Insurance *(door-to-door, storage included)*:

5. 30 days of storage at the origin:

6. Storage Handling Charges at the origin\*:

7. 30 days of storage at the destination:

8. Storage handling charges at the destination:

9. Taxes and duties at the origin (if applicable):

10. Taxes and duties at the destination *(if applicable)*:

11. THC at the origin:

12. THC at the destination:

13. Extra charges - at the origin *(please specify)*:

14. Extra charges - at the destination *(please specify)*:

**15. Total cost:**

\* The consignee is allowed to 30 days of storage only**,** either at the origin or at the destination. However, the company must quote both prices.

Note: Do not leave any blank spaces. Put “N/A” or “Free of Charge” when necessary. **Incomplete forms will be disregarded by the Tender Commission.**

**To be filled by the Tender Commission:**

Does the consignee require storage of the cargo? [ ]  Yes [ ]  No

If **YES**, the storage will take place at the: [ ]  origin **OR** [ ]  destination

**Type of container to be used:** [ ]  20' [ ] 40'[ ]  40' HC [ ]  other: \_\_\_\_\_\_\_\_\_\_\_\_\_