ANNEX III

TO REQUEST FOR PROPOSALS N° PCS/07/027

PRICE SCHEDULE

| Date | |
|-----------------------------------|--|
| Company name | |
| Address | |
| | |
| Telephone and Fax number | |
| Company Web Home Page address (if | |
| available) | |
| Name of authorized representative | |
| Signature of authorized | |
| representative: | |
| Contact name | |
| Contact phone and fax numbers | |
| Contact e-mail address | |

| FIXED PRICE QUOTATION RELATED TO RFP N° PCS/07/027 Geneva Daily Rate (including per diem, travel) | | | | |
|--|------------|--------------------------|------------------------|--|
| Description | Daily rate | Hourly rate in excess of | Monthly rate | |
| | | 8 hours per day (or | | |
| | | overtime) | (daily rate x 22 days) | |
| Logistic Support Unit | | | | |
| Data entry clerk | | | | |
| Scanning clerk | | | | |
| PCT Operations Division | | | | |
| Clerk | | | | |