ATTACHMENT G

PRICE SCHEDULE FORM

CLIN DESCRIPTION					**PRICE ($)**
0001	BASE BID Replace Elevator; all work complete and in accordance with drawings and specifications.	QTY	UNIT	UNIT PRICE	AMOUNT
		1	LS	$_____	$_____

TOTAL FOR CLIN 0001 **$_____**

Offerors must complete the following:

All proposals shall be valid for 180 calendar days for Government acceptance on the Base Bid from date received.

COMPANY NAME: _____

AMENDMENTS ACKNOWLEDGED: _____

_____ _____
Signature of Offeror **Date**