

Cost Distribution Procurement of Twelve (12) Months Security Services UPB-BID-EPA2022-2 1 January 2022-31 December 2022			1st shift	2nd Shift	3rd Shift	Single Posts
			6:00AM-2:00PM	2:00PM-10:00PM	10:00PM-6:00AM	
			Daily Wage Rate			
			350.00	350.00	350.00	350.00
A	Estimated Equivalent Monthly Rate	EEMR (Factor= 393.8 days)				
	1.1 Ordinary Working days	297				
	1.2 Regular Holidays	12 regular holidays x 200%				
	1.3 Rest days	52 rest days x 130%				
	1.4 Special Holidays	4 special days x 130%				
	Total for 12 months	393.8				
	Equivalent Monthly Rate	Total/12				
B	Night Shift Differential					
	2.1 Ordinary Working days	((Daily wage x 10%) x 297 days)/12				
	2.2 Regular Holidays	((Daily Wage x 200%)x 10%)x12 days)/12				
	2.3 Rest days	((Daily Wage x 130%) x 10%)x52 days)/12				
	2.4 Special Holidays	((Daily Wage x 130%) x 10%)x4 days)/12				
	Pay	Sum of 2.1 to 2.4				
C	Other Benefits					
	3.1 13th Month pay per month	(Daily Wage x 365/12)/12				
	3.2 5-day Service Incentive Leave per month	(Daily Wage x 5 days)/12				
	3.3 Uniform Allowance					
	3.4 Retirement Benefit	(Daily Wage x 22.5)/12				
	3.5 SSS Premium-Employer Share*	SSS Range of PhP 11,250.00 - 11,749.99				
	3.6 SSS EC-Employer Share	SSS Range of PhP 11,250.00 - 11,749.99				
	3.7 PHILHEALTH-Employer Share*	4% of Equivalent Monthly Rate/2				
	3.8 PAG-IBIG Employer Share					
	Total Monthly Benefits	Sum of 3.1 to 3.8				
D	Total monthly rate with NSD and Benefits	A + B + C				
E	Required number of guards		9	10	9	3
F	Monthly Payment per shift	D x E				
G	Contract Period	12 months	12 months	12 months	12 months	12 months
H	Total Amount per shift for 12 months	F x 12 months				
I	Total amount due to guard/s and government	Total of H (all shifts)				
J	Administrative Fee	I x %				
K	12% VAT (Imposed on Administrative Fee only)	J x 12				
L	Total Cost fo 31 guards for 01 January 2022 to 31 December 2022	I+J+K				
M	Total cost for 31 guards per month	L/12				

* Subject to change if there are new issuances regarding the monthly contribution of employees

Signature: _____
Name of Representative: _____
Company Name: _____
Address: _____
Date: _____