Agency Estimate for Janitorial Services 16 January 2024 to 15 January 2025

COST DISTRIBUTION

	(34 Janitors/Janitress)	Remarks
Number of days worked per week	5.00	
Number of hours worked per day	8.00	
Number of days worked per year	261.00	
Daily wage *	400.00	
A. Monthly Wage		Daily Wage x No. of Days/12 Months (400 x 260 /12 months)
B. Others		
13th Month Pay		Basic Monthly Wage/12 months
(5) Days Incentive Pay		Daily Basic Wage x 5/12 months (Daily Basic Wage x 5/12 months (400 x 5/12)
Separation Pay		Basic Wage x 22.5 days/12 (400 x 22.5 days /12 months). To be billed whenever an employee is separated from service or at the end of the contract period whichever comes first.
SSS Premium*		SSS bracket of PhP 8,250.00 -8,749.99
State Insurance Fund (EC)		·
PhilHealth Contribution*		5 % of Estimated Monthly Wage/2
Pag-ibig Fund		Maximum Contribution
Total OTHERS		
C. Total amount to Janitor/s and Government per month		Total A + B
D. Total amount to Janitor/s and Government per year		C X 34 Janitors/Janitress x 12 months
E. Overtime: (5) Janitors/Janitress every Regular Saturdays		Daily Wage x130%x 5 janitors/janitress x Regular Saturdays in 16 January 2024 to 15 January 2025
F. Overtime: (5) Janitors/Janitress every Regular Sundays		Daily Wage x130%x 5 janitors/janitress x Regular Sundays in 16 January 2024 to 15 January 2025
G. Total Amount per year		Total D + E+F
H. Administrative Cost		Minimum of 10% of G
I. VALUE ADDED TAX		(G+H) X 12%
J. TOTAL COST FOR (34) Janitors/Janitress per year		Total G + H + I
K. TOTAL COST PER MONTH		J/12 months
APPROVED BUDGET FOR THE CONTRACT		
*Subject to change if there are now issuances regarding the month		

 $[\]hbox{* Subject to change if there are new issuances regarding the monthly contribution of employees}\\$

1	* Daily Wage and Other Benefits is subject to adjustment if there are new issuances from government oversight agencies.
	Billings on Other Benefits due to government in favor of the janitors/janitresses shall be adjusted based on the actual remittance to the
2	government agency but not to exceed the amount indicated herein per janitor/janitress

PREPARED BY:	
NAME OF AUTHORIZED REPRESENTATIVE:	
NAME OF AGENCY:	
DATE:	