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| **Returnable schedule 1** |
| Contract number  | SBRCQ-22/23-119 |
| Description of goods/services | Cleaning of the Blackbutt Customer Service & Library Building and street bin disposal. |
| **Respondent details** |
|  Legal company name |  |
| If legal name is a trust, indicate Trustee for the trust. This must be an individual name or Pty Ltd company. |
| Register trading name |  |
|  (as appears on invoice) |
| ACN (if applicable) |  |
| ABN (if applicable) |  |
| Street address |  |
| Suburb |  | Postcode |  |
| Postal address |  |
| Suburb |  | Postcode |  |
| Telephone |  | Mobile phone |  |
| Email |  |
| Website |  |
| Contact name for respondent |  |
| I am the duly authorised delegate of the company listed in the registered trading name of this form with the delegated power to issue this document on behalf of the Legal Company Name. |
| Contact name for respondent |  |
| Contact name for accounts enquiries |  |
| Contact name for contract management |  |
| Tendered price (amount excluding GST) |  |
| (If applicable) |
| Authorised signatory Given/Surname |  |
| Authorised signatory’s signature |  |
| Witness’ Given/Surname |  |
| Witness’ signature |  | Date |  |

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| **Returnable Schedule 2** |
| **Pricing Schedule** |

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| **Line No** | **Service Description** | **Tender Unit** |  | **Price Tendered per unit** **(ex GST)** | **GST Component** | **Price Tendered per unit** **(inc GST)** |
| 1 | Cleaning of Customer Service Centre | Annual  |  |  |  |  |
| 2 | Disposal of Street Bins Blackbutt and Benarkin | Annual |  |  |  |  |

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| **Returnable schedule 3** |
| **Insurance** |

The Respondent must provide a completed schedule of Insurances. A copy of the Certificate of Insurance is to be provided.

| **Workers compensation insurance** |
| --- |
| Policy number |  |
| Name of insurer |  |
| Named insured |  |
| Expiry date | Note: Specify any exclusions and deductibles to the above Insurance Policy. |
| **Public Liability Insurance - Minimum coverage of $20,000,000** |
| Policy number |  |
| Name of insurer |  |
| Named insured |  |
| Sum insured |  |
| Expiry date | Note: Specify any exclusions and deductibles to the above Insurance Policy. |
| **Third Party Property Damage Insurance**  |
| Policy number |  |
| Name of insurer |  |
| Named insured |  |
| Sum insured |  |
| Expiry date | Note: Specify any exclusions and deductibles to the above Insurance Policy. |

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| **Returnable Schedule 4** |
| **Additional Information** |

1. Provide examples of previous cleaning experience.

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| **Client Name** | **Contract Value $** | **Sector / Industry** | **Project Summary / Description of Works undertaken** | **Referee Contact****Name & Number** |
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