

CONTRACT with CONSULTING FIRM



SERVICE REQUEST FORM

CoSoft No. _____ Consultant No. _____ SR. No. _____

REQUESTER DETAILS

Project Name:	
Project No. [12 Digits]:	Date:
Full Name of requester:	Tel:
Position:	Email:
Contact Person, if any:	

CONSULTING FIRM DETAILS

Name of consultancy firm:		No. of experts to be hired: _____	
Sub City:	Kebele:	House No:	City
Telephone:	Mobile:	Email:	
Fax:	P.O.Box:	TIN:	
Business License/Work Permit <input type="checkbox"/>	VAT Registration Certificate <input type="checkbox"/>		

Please describe the services to be provided:

METHOD OF PROCUREMENT

<input type="checkbox"/> Direct award	<input type="checkbox"/> Open tender	<input type="checkbox"/> Restricted Tender
<input type="checkbox"/> ToR	<input type="checkbox"/> ToR	<input type="checkbox"/> ToR
<input type="checkbox"/> Direct award justification	<input type="checkbox"/> Eligibility grid	<input type="checkbox"/> Evaluation scheme
	<input type="checkbox"/> Technical Evaluation	<input type="checkbox"/> Shortlisted bidders with justification
	<input type="checkbox"/> Text to be published on newspaper	

PERIOD OF ASSIGNMENT

From	To	No. of days _____
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FEE / ESTIMATED COST

Fee _____	/Day <input type="checkbox"/>	/ Month <input type="checkbox"/>	Lump sum <input type="checkbox"/>	VAT inclusive YES <input type="checkbox"/> NO <input type="checkbox"/>
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ADVANCE PAYMENT

For service contracts	<input type="checkbox"/> Quarterly need _____ ETB	<input type="checkbox"/> Mobilization expense _____ ETB
For Work contracts	<input type="checkbox"/> Cost of equipment and material _____ ETB	
Payment as per fee grid	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Justification of payment, if not as per fee grid attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>

NB: No advance can be given for **service** contracts < EURO 20,000. For **service** contracts > EURO 20,000 and > 6months Advance payment in the amount of the quarterly needs, possibly plus mobilization expenses can be given out. For **works** contracts, no advance payments can be given out except in exceptional cases, an advance payment for pre-financing costs for equipment and materials (e.g. travel expenses) can be agreed.

Important: Approval from HQs in Germany is needed for requests with estimated value > EURO 50,000.

AUTHORIZATION

Date:	Date:	Date:
full first and last name, function, OU	full first and last name, function, OU	full first and last name, function, OU
Requester	Superior or second signature from the Project	Received by