**Scope of Work**

To provide cab services for outstation and in station as per the below cost which was quoted in the quotation.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Particulars** | **Innova Crysta** | **Swift Dezire/ Etios** | **Corolla** | **Innova A/c.** | **Benz** |
| **LOCAL TARIFF** | | | | | |
| 8 Hrs. or 80 Kms. | 3100-00 | 1800-00 | 7000-00 | 2700-00 | 15000-00 |
| 4 Hrs. or40 Kms. | 2000-00 | 1500-00 | 3500-00 | 1800-00 | 10000-00 |
| Per Kilometer Beyond 80 Kilometers | 18-00 | 12-00 | 30-00 | 15-50 | 80-00 |
| Per Hour Beyond 8 Hours | 220-00 | 140-00 | 300-00 | 160-00 | 500-00 |
| Driver’s Batta:   1. Before 7 a.m. 2. After 9 p.m. 3. After 12 a.m (Midnight) | 150-00 | 100-00 | 200-00 | 150-00 | 200-00 |
| **OUT STATION TARIFF** | | | | | |
| Per Kilometer | 18.00 | 12.00 | 40.00 | 15.50 | 40-00 |
| Driver’s Batta Per Day | 400.00 | 400.00 | 500.00 | 400.00 | 500-00 |

**Service Fee**

Service fee is based on the type of vehicle and travel availed by the company as per the above quote plus parking fee, toll gate fee, any taxes extra as applicable.

**Payment Method**

Service Provider shall submit the invoice to Affordable Quality Health on monthly basis. Payment will be released directly to the Service Provider’s account with five-seven working days after the receipt of the original invoice, through the account transfer.