

SCHEDULE

PRICE CALCULATION SHEET

(To be submitted in duplicate to the Consumer Affairs Department along with invoices certified by Comptroller of Customs and Other Relevant Documents.)

"Each cell in the table must be of:

Row Height- 0.7cm, Column width- 2.3cm."

Importer: _____ **Commodity:** _____

Supplier: _____ **Brand:** _____

Origin: _____ **Total quantity:** _____

Invoice No. & Date: _____ **Entry No.:** _____

Ship & Date of Importation: _____ **Entry paid on:** _____

Exchange Rate: _____

PRICES TO BE STATED PER IMPORT PACKAGE

Item name

Size of package

Quantity (Cases/boxes/bales)

C.I.F. VALUE (Invoice Currency)

C.I.F. St. Lucia (EC\$)

Remittance 1% of Invoice Value

Local handling Charge 5%

Service Charge 6%

Customs Duty

Value Added Tax (Input)

Landed Cost (Excluding Input VAT)

Distributors Mark-up (Where applicable)

Max. Distributors Price

VAT (Distributors Output)

Max Distributors Price/VAT

Wholesale Mark-up

Max. Wholesale Price

VAT (Wholesale Output)

Max. Wholesale Price/VAT

Retail Mark-up

Max. Retail Price

VAT (Retail Output)

Max. Retail Price/VAT

Retail Price per unit/VAT

Checked by: _____

Date: _____

FOR OFFICIAL USE ONLY

Certified correct	Approved
Per: _____	Per: _____
Designation: _____	Designation: _____
Date: _____	Date: _____