



IMPORTANT:

Whenever possible, price the cut of meat described below, e.g., Blade Roast, Rump Roast, etc.

Where methods of cutting meat differ radically from those used in Canada and it is not possible to price specific cuts, please price by the general description, such as "Forequarter cut" or "Hindquarter cut", Loin, etc. In such instances comments will be particularly helpful.

Item	Type	Specify Weight (kg. or lb)	Price Specify Currency	Identification/Substitution/Comments
BEEF kg. or lb. (Specify substitutions as necessary)	Blade or Chuck Roast			<input type="checkbox"/> with bone OR <input type="checkbox"/> boneless
	Rump Roast			<input type="checkbox"/> with bone OR <input type="checkbox"/> boneless
	T-Bone Steak			
	Sirloin Steak			
	Minced Beef			<input type="checkbox"/> regular hamburger OR <input type="checkbox"/> ground round
	Tenderloin (Fillet)			
PORK kg. or lb. (Specify substitutions as necessary)	Loin Chops			<input type="checkbox"/> with bone OR <input type="checkbox"/> boneless
	Tenderloin (Fillet)			
	100% Pure Pork Sausage			
LAMB kg. or lb.	Leg Roast, Hindquarter			<input type="checkbox"/> with bone OR <input type="checkbox"/> boneless
	Loin Chops (with bone)			
VEAL kg. or lb.	Cutlets			<input type="checkbox"/> with bone OR <input type="checkbox"/> boneless (scaloppini, etc.)
CHICKEN kg. or lb.	Whole, ready to cook			OR <input type="checkbox"/> Whole Turkey, if Chicken not available
	Chicken Breast			<input type="checkbox"/> with bone OR <input type="checkbox"/> boneless
	Chicken Legs			
Remarks				
Name of Store or Market			City	
Signature of Price Collector		Department		Date



Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
CURED MEAT (First Grade)				
Bacon, sliced 500 g. or lb.	Typical			<input type="checkbox"/> side bacon OR <input type="checkbox"/> back bacon
	Alternate			<input type="checkbox"/> side bacon OR <input type="checkbox"/> back bacon
Cooked Ham, sliced kg. or lb.	Typical			<input type="checkbox"/> prepacked OR <input checked="" type="checkbox"/> sliced over the counter
	Alternate			<input type="checkbox"/> prepacked OR <input type="checkbox"/> sliced over the counter
Weiners (hot dogs) 100% Beef 500 g. or lb.	Typical			
	Alternate			
FISH	List in order of importance the varieties of fish normally purchased. Describe and compare local varieties with Canadian types. If Shrimp is reported, indicate size.			
Variety of Fish	Specify Weight or quantity	Price		If Other, specify
			<input type="checkbox"/> Whole Fish OR <input checked="" type="checkbox"/> Fresh OR <input type="checkbox"/> Other <input type="checkbox"/> Fillet <input type="checkbox"/> Frozen	
			<input type="checkbox"/> Whole Fish OR <input type="checkbox"/> Fresh OR <input type="checkbox"/> Other <input type="checkbox"/> Fillet <input type="checkbox"/> Frozen	
			<input type="checkbox"/> Whole Fish OR <input type="checkbox"/> Fresh OR <input type="checkbox"/> Other <input type="checkbox"/> Fillet <input type="checkbox"/> Frozen	
			<input checked="" type="checkbox"/> Whole Fish OR <input type="checkbox"/> Fresh OR <input type="checkbox"/> Other <input type="checkbox"/> Fillet <input type="checkbox"/> Frozen	
			<input type="checkbox"/> Whole Fish OR <input type="checkbox"/> Fresh OR <input type="checkbox"/> Other <input type="checkbox"/> Fillet <input type="checkbox"/> Frozen	
			<input type="checkbox"/> Whole Fish OR <input type="checkbox"/> Fresh OR <input type="checkbox"/> Other <input type="checkbox"/> Fillet <input type="checkbox"/> Frozen	
			<input type="checkbox"/> Whole Fish OR <input type="checkbox"/> Fresh OR <input type="checkbox"/> Other <input type="checkbox"/> Fillet <input type="checkbox"/> Frozen	
			<input type="checkbox"/> Whole Fish OR <input type="checkbox"/> Fresh OR <input type="checkbox"/> Other <input type="checkbox"/> Fillet <input type="checkbox"/> Frozen	
Remarks				
Name of Store or Market			City	
Signature of Price Collector		Department		Date



Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
Canned Tuna (solid white) 200 g. or 7 oz.	Typical			
	Alternate			
Canned Salmon 220 g. or 7¼ oz.	Typical			<input type="checkbox"/> Pink <input type="checkbox"/> Sockeye <input type="checkbox"/> Other
	Alternate			<input type="checkbox"/> Pink <input type="checkbox"/> Sockeye <input type="checkbox"/> Other
Milk, Fresh 2% M.F. (1 st grade) (exclude empty bottle) L, 2 L., 4 L or 1 qt, 2 qt, 1 gal	Typical			
	Alternate			
Milk, U.H.T. 2% M.F. L	Typical			
	Alternate			
Yogurt, plain 175 ml./6 oz. or 500 ml./16 oz.	Typical			
	Alternate			
Yogurt, fruit 175 ml./6 oz. or 500 ml./16 oz.	Typical			
	Alternate			
Butter 500 g. or lb.	Typical			<input type="checkbox"/> Salted <input type="checkbox"/> Unsalted
	Alternate			<input type="checkbox"/> Salted <input type="checkbox"/> Unsalted
Margarine 500 g. or lb.	Typical	<input type="checkbox"/> Soft <input type="checkbox"/> Solid		<input type="checkbox"/> Premium Brand _____ <input type="checkbox"/> Other _____
	Alternate	<input type="checkbox"/> Soft <input type="checkbox"/> Solid		<input type="checkbox"/> Premium Brand _____ <input type="checkbox"/> Other _____
Eggs, Fresh (First Grade) dozen (12) Estimate Size	Typical			<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large
	Alternate			<input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> Extra Large
Orange Juice, Fresh pure 1 L. or 2L.	Typical			
	Alternate			
Remarks				
Name of Store or Market			City	
Signature of Price Collector		Department		Date



Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
Cheese, Cheddar type kg. or lb.	Typical			<input type="checkbox"/> Mild <input type="checkbox"/> Medium <input type="checkbox"/> Old
	Alternate			<input type="checkbox"/> Mild <input type="checkbox"/> Medium <input type="checkbox"/> Old
Cheese, Swiss type (e.g. Emmenthal) kg. or lb.	Typical			
	Alternate			
Cheese, Mozzarella kg. or lb.	Typical			<input type="checkbox"/> Solid <input type="checkbox"/> Shredded
	Alternate			<input type="checkbox"/> Solid <input type="checkbox"/> Shredded
Cheese, Philadelphia Cream 250 g or 8 oz.	Typical			<input type="checkbox"/> soft <input type="checkbox"/> solid
	Alternate			<input type="checkbox"/> soft <input type="checkbox"/> solid
Other Cheeses (specify type)				
Cheese, Processed Slices, Plain 250 g. or 8 oz.	Typical			
	Alternate			
Cooking Oil 1 L. or 35 fl oz.	Typical			<input type="checkbox"/> Vegetable Oil <input type="checkbox"/> Sunflower Oil <input type="checkbox"/> Canola Oil <input type="checkbox"/> Other _____
	Alternate			<input type="checkbox"/> Vegetable Oil <input type="checkbox"/> Sunflower Oil <input type="checkbox"/> Canola Oil <input type="checkbox"/> Other _____
Olive Oil, extra virgin 500 mL. or 1 L	BERTOLLI			
	Alternate			
Mayonnaise 750 ml. or 32 fl oz.	Typical			
	Alternate			
Salad Dressing, French 475 ml or 16 oz liq.	Typical			
	Alternate			
Remarks				
Name of Store or Market			City	
Signature of Price Collector		Department		Date



Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description	
Breakfast Cereal 350 g. or 12 oz. OR 675 g. or 24 oz.	CORN FLAKES (KELLOGG'S)				
	RICE KRISPIES				
	FRUIT LOOPS				
Baby Cereal, pre-cooked 250 g or 8 oz	Typical				
	Alternate				
Baby Food, fruit, in jars 128 mL or 5 oz	Typical				
	Alternate				
Cookies, plain (e.g. arrowroot, graham wafers, digestives) 450 g. or 16 oz.	Typical				
	Alternate				
Cookies, butter or shortbread 450 g. or 16 oz.	Typical				
	Alternate				
Cookies, Chocolate Chip 400 g. or 14 oz.	Typical				
	Alternate				
Bread, White, sliced 500 g. or 20 oz.	Typical				
	Alternate				
Bread, Whole wheat, sliced 500 g. or 20 oz.	Typical				
	Alternate				
Bread, Other type 500 g. or 20 oz.	Baguette				
	Italian or French				
	Croissants (12)				
	Hamburger buns				
Remarques					
Name of Store or Market			City		
Signature of Price Collector	Department		Date		



Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
Flour, 1 st grade, general purpose 1 kg. or 5 lbs.	Typical			
	Alternate			
Sugar, white, granulated 2 kg. or 5 lbs.	Typical			
	Alternate			
Rice, plain, pre-cooked type (e.g. Uncle Ben's, Minute Rice) 500 g. or 14 oz.	UNCLE BEN			<input type="checkbox"/> Instant type (i.e. minute) <input type="checkbox"/> Converted type
	Alternate			<input type="checkbox"/> Instant type (i.e. minute) <input type="checkbox"/> Converted type
Rice, plain, uncooked type 500 g. or 14 oz.	BASMATI			
	Alternate			
Pasta Noodles (good quality) 500 g. or lb.	BARILLA			<input type="checkbox"/> Spaghetti <input type="checkbox"/> Macaroni
	Alternate			<input type="checkbox"/> Spaghetti <input type="checkbox"/> Macaroni
Cake Mix, white or gold, regular layer type 520 g. or 18.25 oz.	Typical			
	Alternate			
Jam, Strawberry, pure 375 ml. or 12 fl oz.	Typical			OR <input type="checkbox"/> Orange Marmalade
	Alternate			OR <input type="checkbox"/> Orange Marmalade
Peanut Butter 500 g. or 14 oz.	Typical			OR <input type="checkbox"/> Honey <input type="checkbox"/> Nutella
	Alternate			OR <input type="checkbox"/> Honey <input type="checkbox"/> Nutella
Tomato Ketchup 1 L. or 35 fl oz.	HEINZ			
	Alternate			
Olives, stuffed, manzanilla 250 ml. or 8 oz.	Typical			OR <input type="checkbox"/> Pickles, Dill
	Alternate			OR <input type="checkbox"/> Pickles, Dill
Worcester Sauce 284 ml. or 10 fl oz.	LEA & PERRINS			
	Alternate			
Black Pepper, ground, pure in tin or cardboard carton 113 g or 4 oz.	Typical			OR <input type="checkbox"/> Table Salt
	Alternate			OR <input type="checkbox"/> Table Salt

Remarks

Name of Store or Market _____ City _____

Signature of Price Collector _____ Department _____ Date _____



Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
Coffee, regular ground, Good quality (excl. "Premium" brands) 500 g. or 1 lb.	Typical			<input type="checkbox"/> Regular <input type="checkbox"/> Decaffeinated
	Alternate			<input type="checkbox"/> Regular <input type="checkbox"/> Decaffeinated
Coffee, Instant 200 g. or 8 oz.	NESCAFE CLASSIC			<input type="checkbox"/> Regular <input type="checkbox"/> Decaffeinated
	TASTER'S CHOICE			<input type="checkbox"/> Regular <input type="checkbox"/> Decaffeinated
	Alternate			<input type="checkbox"/> Regular <input type="checkbox"/> Decaffeinated
Tea, Orange Pekoe Exclude herb or spice teas 25, 50 or 100 bags	LIPTON			
	TWININGS EARL GREY			
	Alternate			
Canned Milk 385 ml. or 15 oz.	Typical			<input type="checkbox"/> Evaporated <input type="checkbox"/> Condensed
	Alternate			<input type="checkbox"/> Evaporated <input type="checkbox"/> Condensed
Instant Coffee Creamer Powdered (jar) 250 g. or 6 oz.	COFFEEMATE (unflavoured)			
	Alternate			
Soft Drinks, bottle (e.g. Coke, Pepsi, etc.) (excl. any bottle deposit)	Size	Coca Cola Products	Pepsi Products	
	2 L			
	1.5 L			
	1 L			
	750 mL			
	500 mL			
Soft Drinks, cans (e.g. Coke, Pepsi, etc.) (excl. any can deposit) 355 ml.	each			
	6			
	12			
	24			
Remarks				
Name of Store or Market			City	
Signature of Price Collector		Department		Date



Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
Salted Peanuts, skinless 225 g or 8 oz	PLANTER's COCKTAIL			
	Alternate			
Chocolate bar, pure milk 40 g or 1½ oz 100g or 3¾ oz	TOBLERONE			
	MILKA / LINDT			
	RITTER SPORT			
	HERSHEY			
	MARS (Reg.)			
	Alternate			
	Alternate			
Potato Chips, plain Bag of 200 g or 7 oz	Typical			
	Alternate			
PRINGLES Chips Regular flavour	200 g or 7 oz			
DORITOS Chips	200 g or 7 oz			
Adult Dog Food, canned, good quality 450 g / 200g	DOG PEDIGREE			
	DOG IAMS			
	Alternate			
Adult Cat Food, canned, good quality 450 g / 200g	CAT WHISKAS			
	CAT IAMS			
	Alternate			
Adult Dog Food, dry, good quality Bag of 2 Kg or 5 lb	DOG PEDIGREE			
	DOG IAMS			
	Alternate			
Adult Cat Food, dry, good quality Box of 400g	CAT WHISKAS			
	CAT IAMS			
	Alternate			
Remarks				
Name of Store or Market			City	
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Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
Canned Soup, condensed 300 g or 10 oz liq.	CAMPBELL'S TOMATO			
	CAMPBELL'S VEGETABLE			
	Alternate			<input type="checkbox"/> Tomato <input type="checkbox"/> Vegetable OR <input type="checkbox"/> Dried Soup
Canned Vegetables				
Peas, medium size 425 g or 15 oz liq.	Typical			
	Alternate			
Corn 340 g or 12 oz liq.	Typical			
	Alternate			
Beans, green 425 g or 15 oz liq.	Typical			OR <input type="checkbox"/> Beans, Baked
	Alternate			OR <input type="checkbox"/> Beans, Baked
Tomatoes 800 g or 28 oz liq.	Typical			
	Alternate			
Juices				
Tomato Juice in tins, glass or carton containers 1 L or 48 oz liq.	Typical			OR <input type="checkbox"/> V-8
	Alternate			OR <input type="checkbox"/> V-8
Orange Juice, from concentrate, in tins, glass or carton containers 1 L or 48 oz liq.	Typical			
	Alternate			
Apple Juice, Pure in tins, glass or carton containers 1 L or 48 oz liq.	Typical			
	Alternate			
Canned Fruits				
Peaches 425 g or 15 oz liq.	Typical			OR <input type="checkbox"/> Pears
	Alternate			OR <input type="checkbox"/> Pears
Pineapple, sliced 540 g or 19 oz liq.	Typical			
	Alternate			
Fruit Cocktail 425 g or 15 oz liq.	Typical			
	Alternate			
Remarks				
Name of Store or Market			City	
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Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
Vegetables 500 g. or lb. (Exclude Potatoes)	Indicate selections (At least 3)			
Asparagus				
Beans, Green or Yellow				
Broccoli				
Brussel Sprouts				
Carrots				
Cauliflower				
Corn				
Lima Beans				
Mixed Vegetables				
Peas				
Peas & Carrots				
Spinach				
French Fried Potatoes, regular cut	Typical			
kg. or 2 lb.	Alternate			
Frozen Orange Juice, concentrate	Typical			
355 ml. or 12½ fl oz.	Alternate			
Waffles	EGGO			
300 g. or 11 oz.	Alternate			
Egg or Spring Rolls	Typical			
340 g. or 12 oz.	Alternate			
Frozen Fish Sticks	Typical			
350 g. or 12 oz.	Alternate			
Frozen Pizza, All dressed	Typical			
700 g. or 25 oz.	Alternate			
Ice Cream	HÄAGEN DAZS			
500 mL or 1 L	Alternate			
Remarks				
Name of Store or Market			City	
Signature of Price Collector		Department		Date



IMPORTANT:

When items are sold per head, per bunch, each, etc., please estimate the weight, enter it in the Weight or quantity column and mark "E" beside it.

Item	Specify Weight or quantity	Price Specify Currency	Comments
VEGETABLES			
White potatoes			<input type="checkbox"/> Old <input type="checkbox"/> in bags <input type="checkbox"/> New <input type="checkbox"/> loose
Carrots (top off)			
Cooking onions			OR <input type="checkbox"/> Leeks
Green cabbage			
Cauliflower			
Broccoli			OR <input type="checkbox"/> Brussels Sprouts
Lettuce, head			<input type="checkbox"/> Iceberg <input type="checkbox"/> Romaine
Tomatoes			
Beans, string			
Mushrooms			
Celery stalks			
Cucumbers			<input type="checkbox"/> regular <input type="checkbox"/> english
Green Peppers			
Other fresh vegetables Specify _____			
FRUITS			
Oranges			
Grapefruits			
Lemons			OR <input type="checkbox"/> Limes
Bananas			
Apples, eating	Granny Smith		
	Gold/Red Delicious		
	Other		
Pears			OR <input type="checkbox"/> Peaches
Avocados			
Mangos			OR <input type="checkbox"/> Papayas
Pineapples			
Grapes, eating			<input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Blue
Other fresh fruits Specify _____			
Name of Store or Market			City
Signature of Price Collector		Department	Date



**PERSONAL
CARE
SUPPLIES**



Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
Toothpaste, standard dentifrice 100 ml. or 100 cc	COLGATE			
	SENSODYNE			
	Alternate			
Mouthwash, oral antiseptic 350 ml. or 12 liq oz.	Typical			
	Alternate			
Shaving cream, aerosol (can) 200 ml or 7 oz	Choix habituel			<input type="checkbox"/> cream <input type="checkbox"/> gel
	Autre choix			<input type="checkbox"/> cream <input type="checkbox"/> gel
Razor blades package of 5	SENSOR EXCEL			
	MACH 3			<input type="checkbox"/> Turbo
	Alternate			OR <input type="checkbox"/> Disposable Razors
Body Lotion 300 ml or 11 oz	LUBIDERM			
	JERGEN'S			
	KERI			
	ST. IVES			
	NIVEA			
Alternate				
Nail Polish Remover 200ml. or 7 liq oz.	Typical			
	Alternate			
Toilet soap, bath size 125 g. or 5 oz.	PALMOLIVE			
	DIAL			
	DOVE			
	PEARS			
	Alternate			
Shampoo, normal or regular formula (excl. premium types) 250 ml. or 12 oz.	HEAD & SHOULDERS			
	PANTENE			
	PERT PLUS			
	HERBAL ESSENCE			
	L'OREAL			
Alternate				
Deodorant stick, solid 75 g. or 2½ oz.	Typical			
	Alternate			
Deodorant stick, roll-on 50 ml. or 2½ oz.	Typical			
	Alternate			
Name of Store or Market			City	
Signature of Price Collector		Department		Date



**PAPER, PLASTIC
AND FOIL SUPPLIES,
LIGHT BULBS**



Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
Toilet paper, white package of 4 rolls	Typical			<input type="checkbox"/> Jumbo
	Alternate			<input type="checkbox"/> Jumbo
Facial tissues 200 doubles	KLEENEX			
	Alternate			
Sanitary napkins, maxi-pads Box of 30	ALWAYS			
	Alternate			
Tampons, regular size Package of 30-40	TAMPEX			
	Alternate			
Disposable diapers Size N°2 (5-8 kg or 12-18 lbs) or Size N°3 (7-13 kg ou 16-28 lbs)	PAMPERS			<input type="checkbox"/> N°2 <input type="checkbox"/> N°3
	HUGGIES			<input type="checkbox"/> N°2 <input type="checkbox"/> N°3
	Alternate			
Paper towels package of 2 rolls	Typical			<input type="checkbox"/> Jumbo
	Alternate			<input type="checkbox"/> Jumbo
Foil wrap, aluminum one roll (width: 30 cm or 12") (length: 7½ m or 25')	Typical	Width: _____ Length: _____		
	Alternate	Width: _____ Length: _____		
Plastic food wrap one roll (width: 30 cm or 12") (length: 30 m or 100')	Typical	Width: _____ Length: _____		OR <input type="checkbox"/> Waxed Paper
	Alternate	Width: _____ Length: _____		OR <input type="checkbox"/> Waxed Paper
Plastic garbage bags 60-70 L Pkg. of 10 bags	Typical			OR <input type="checkbox"/> Kitchen Garbage Bags (20 L)
	Alternate			OR <input type="checkbox"/> Kitchen Garbage Bags (20 L)
Light bulb, standard incandescent 60 Watts, 2 bulbs	Typical			
	Alternate			
Remarks				
Name of Store or Market			City	
Signature of Price Collector		Department		Date



HOUSEHOLD SUPPLIES



Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
Laundry detergent powder (e.g. Tide) 2.4 kg. or 84 oz.	Typical			OR <input type="checkbox"/> ULTRA (concentrated)
	Alternate			OR <input type="checkbox"/> ULTRA (concentrated)
Laundry detergent, liquid 1.45 L or 50 oz.	Typical			
	Alternate			
Dishwashing liquid detergent (e.g. Palmolive) 500 ml. or 24 oz.	Typical			
	Alternate			
Automatic dishwasher detergent powder (e.g. Cascade) 1.4 kg. Or 49 oz.	Typical			
	Alternate			
Automatic dishwasher detergent liquid L or 35 oz.	Typical			
	Alternate			
Liquid Bleach (e.g. Javex) 3.6 L or gal.	Typical			
	Alternate			
Liquid Fabric Softener ULTRA 2L or 48 oz.	Typical			
	Alternate			
Scouring Powder (e. g. Ajax) 400 g. or 14 oz.	Typical			OR <input type="checkbox"/> Cream Cleanser (e.g. Vim)
	Alternate			OR <input type="checkbox"/> Cream Cleanser (e.g. Vim)
Liquid Toilet Bowl Cleaner 550 – 675 ml. or 15 - 20 liq oz.	Typical			
	Alternate			
Liquid Glass Cleaner, with nozzle (e.g. Windex) 650 ml. or 20 liq oz.	Typical			
	Alternate			
Insecticide, aerosol can (for house and garden) 350 g or 11 oz.	Typical			
	Alternate			

Remarks

Name of Store or Market City

Signature of Price Collector Department Date



**MEDICAL AND
PHARMACEUTICAL
PRODUCTS
(NON PRESCRIPTION)**



Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
Acetylsalicylic acid (ASA-aspirin) 100 tablets	Typical			<input type="checkbox"/> 325 mg. or <input type="checkbox"/> 500 mg. tablets
	Alternate			<input type="checkbox"/> 325 mg. or <input type="checkbox"/> 500 mg. tablets
Acetaminophen (non ASA analgesic e.g. Tylenol, Advil) 100 tablets	Typical			<input type="checkbox"/> 325 mg. or <input type="checkbox"/> 500 mg. tablets
	Alternate			<input type="checkbox"/> 325 mg. or <input type="checkbox"/> 500 mg. tablets
Antihistamine one a day type (e.g. Claritin, Hismanal, Seldane) pkg. of 12 tablets	Typical			OR <input type="checkbox"/> BENADRYL (4 to 6 hrs)
	Alternate			
Cold remedies, capsules or tablets (e.g. Contact C) 6 to 12 hour type pkg. of 8-12	Typical			
	Alternate			
Vitamin C tablets 100 tablets	Typical			<input type="checkbox"/> 500 mg. or <input type="checkbox"/> 1000 mg. tablets
	Alternate			<input type="checkbox"/> 500 mg. or <input type="checkbox"/> 1000 mg. tablets
Antacid (e.g. Phillips Milk of Magnesia, Tums, Rolaids, Maalox etc.) 340 ml. or 75 tablets	Typical			<input type="checkbox"/> tablets or <input type="checkbox"/> liquid
	Alternate			<input type="checkbox"/> tablets or <input type="checkbox"/> liquid
Fruit salts (e.g. Eno, Alka Seltzer, etc.) 200g or 7 oz.	Typical			<input type="checkbox"/> tablets or <input type="checkbox"/> powder
	Alternate			<input type="checkbox"/> tablets or <input type="checkbox"/> powder
Petroleum jelly 100 g. or 3.5 oz.	Typical			
	Alternate			
Preservation fluid for contact Lenses 240 ml. or 7 oz.	Typical			
	Alternate			
Band-aids adhesive type (standard size 1.9 cm x 7.5 cm.) pkg. of 25 - 30	Typical			
	Alternate			

Remarks

Name of Store or Market City

Signature of Price Collector Date
Department



A. FULL LOCAL RETAIL PRICE: In this column report prices for purchases made locally at full retail prices B. DUTY FREE OR DISCOUNT PRICE: In this column report prices for purchases made locally at special diplomatic / discount prices or imported direct by staff at duty free or special discount prices. If imported, please ensure that invoices and other handling cost documents are submitted						
Please price per bottle or per case whichever is typical for the particular outlet	A. Full Local Retail Price (specify currency)			B. Duty Free or Discount Price (specify currency)		
	Name of Store or Market			Name of duty free outlet		
WINE	Number of bottles	Size of bottle	Price	Number of bottles	Size of bottle	Price
Local and imported, standard quality table wine, in bottle with cork. Specify the brand and variety eg. Chablis, Riesling, Bordeaux Zinfandel etc. For imported varieties indicate the country of origin.						
White table wine (domestic)						
Red table wine (domestic)						
White table wine (imported)						
Red table wine (imported)						
BEER, excluding deposit	Name of Store or Market			Name of duty free outlet		
Domestic	Number of bottles	Size of bottle	Price	Number of bottles	Size of bottle	Price
Imported	Number of bottles	Size of bottle	Price	Number of bottles	Size of bottle	Price
CIGARETTES	Name of Store or Market			Name of duty free outlet		
Price cigarettes even if you are a non smoker	Package of 20 or 25	Price per package.	Price per carton (200)	Price per carton (200)	Price per thousand	
Popular domestic brands	<input type="checkbox"/> 20 <input type="checkbox"/> 25					
Popular imported brands	<input type="checkbox"/> 20 <input type="checkbox"/> 25					
Signature of Price Collector	Department		City		Date	



Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description	
Sports Equipment					
Golf balls, good quality package of 3 or 12	Typical				
	Alternate				
Tennis balls, e.g. Dunlop tin of 3 or 4	Typical				
	Alternate				
Soccer ball, synthetic blend, machine sewn, size 4-5 each	Typical				
	Alternate				
Dumbbells, 2kg, plastic coated pair	Typical				
	Alternate				
Ankle/Wrist weights, 1kg, pair	Typical				
	Alternate				
	Lowest Typical Price	Highest Typical Price	Most Frequently Found Prices		Comments
Athletic shoes for men/ women, Running , best quality, (e.g. Nike, Reebok, etc.) pair					
Athletic shoes for boys/girls, Running , best quality, (e.g. Nike, Reebok, etc.) pair					
Name of Store or Market				Date	
Photographic Supplies & Services					
Camera Film, excl. processing Colour, ASA 100, 35 mm, 24 exposures	Typical	<input type="checkbox"/> 24 <input type="checkbox"/> 36			
	Alternate	<input type="checkbox"/> 24 <input type="checkbox"/> 36			
Processing (development) 35 mm, ASA 100 24 prints	incl. film	<input type="checkbox"/> 24 <input type="checkbox"/> 36			
	excl. film	<input type="checkbox"/> 24 <input type="checkbox"/> 36			
Name of Store or Market				Date	
Remarks					
Signature of Price Collector		Department		City	



Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
Electronic Games Price the specific game sets and games requested. If not available, provide full details of substitutes priced.				
Game Boy Advance controller, colour, no games	Each			<input type="checkbox"/> SP version
Game Boy Advance Game Most Recent Releases	Each			
X-Box control set, with 1 controller, no games	Each			
X-Box Game) Most Recent Releases	Each			
Sony Playstation 2 control set	Each			
Sony Playstation 2 game Most Recent Releases	Each			
Dry Cell Batteries D size	package of 2			<input type="checkbox"/> Duracell <input type="checkbox"/> Duracell Ultra <input type="checkbox"/> Energizer <input type="checkbox"/> Energizer Max
Dry Cell Batteries AA size	package of 4			<input type="checkbox"/> Duracell <input type="checkbox"/> Duracell Ultra <input type="checkbox"/> Energizer <input type="checkbox"/> Energizer Max
Name of Store or Market				Date
Computer Equipment, Supplies & Service Price the specific items requested. If not available or newer models exist, provide full details of substitutes priced.				
Optical Mouse	Specify Brand			<input type="checkbox"/> Wired <input type="checkbox"/> Wireless
	Each			<input type="checkbox"/> Wired <input type="checkbox"/> Wireless
Wireless Network Router 2.4 GHZ, 54 MPS	Specify Brand			
	Each			
WINDOWS XP Software	Upgrade			<input type="checkbox"/> Home <input type="checkbox"/> Professional
	Each full package			<input type="checkbox"/> Home <input type="checkbox"/> Professional
Floppy Disk, 3.5", 1.44 MB DOS formatted	Typical			
	package of 10 Alternate			
Compact Discs (Exclude DVD) 650 MB - 700 MB	Typical			<input type="checkbox"/> recordable <input type="checkbox"/> rewriteable
	package of 10 Alternate			<input type="checkbox"/> recordable <input type="checkbox"/> rewriteable
Labour rate per hour charged to the customer for repairs to home computers				
Price to install an internal hard drive				
Price for an initial set-up of a home computer				
Name of Store or Market				Date
Remarks				
Signature of Price Collector		Department		City



Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
Games				
Playing Cards, boxed set of plastic coated bridge cards (excl linen backed cards, sets including score pads, etc.)	Typical			
	Alternate			
2 Decks				
Games (English or French)	Monopoly			<input type="checkbox"/> Deluxe Edition
	Scrabble			<input type="checkbox"/> Deluxe Edition
	Risk			
	Clue			
Name of Store or Market				Date
Music / Video				
Compact Disc popular music	Typical			
	Alternate			
Each				
Video Cassette, recent release	Typical			
	Alternate			
Each				
DVD, recent release	Typical			
	Alternate			
Each				
Audio cassette tape, blank 90 minutes	Typical			
	Alternate			
Each				
Video cassette tape, blank 240 minutes	Typical			
	Alternate			
Each				
Name of Store or Market				Date
Remarks				
Signature of Price Collector		Department		City



**MOTOR
OPERATING
COSTS**



Note: 1) Where prices for oil and gasoline are quoted by a quart and a gallon indicate whether the measurement is imperial or U.S.
 2) Duty free prices for gasoline must be included, where available, in addition to regular local retail prices.
 3) All prices for Auto Services and Parts requested below should relate to an **automobile commonly used at the post (two years old, if possible).**

Gasoline- (no-lead, if available) Specify Currency		Duty free / special discount price		Regular local retail price	
	Specify unit of sale	<input type="checkbox"/> coupons		Most frequently used outlet	Other reasonably priced outlet
		<input type="checkbox"/> rebate			
		<input type="checkbox"/> other (specify below)			
Cash price for regular gasoline Litre or gallon					
Cash price for premium gasoline Litre or gallon					
Specify type of service included in price indicated		<input type="checkbox"/> Self serve price		<input type="checkbox"/> Self serve price	<input type="checkbox"/> Self serve price
		<input type="checkbox"/> Full service price		<input type="checkbox"/> Full service price	<input type="checkbox"/> Full service price
Name of outlet(s):					
Automobile Services		Duty free / special discount price		Regular local retail price	
Specify Currency		Specify the make of automobile			
Labour rate per hour charged to the customer for a major repair carried out by a skilled mechanic on the automobile indicated above					
Oil change including oil filter, 4 litres of oil, and labour		<input type="checkbox"/> Regular oil	<input type="checkbox"/> Synthetic oil		
Name of outlet and type of establishment (new car dealer or other type such as independent garage)				<input type="checkbox"/> dealer <input type="checkbox"/> other	<input type="checkbox"/> dealer <input type="checkbox"/> other
Parking charge for 1 hour parking in the centre of the city at a parking meter					
Parking charge for 3 hour parking in the centre of the city in a covered or underground parking lot					
Automobile Parts		Specify Unit of Sale		Regular local retail price	
Specify Currency				Duty free / special discount price	
Standard spark plug, resistor or copper core for the most commonly sold brand each, not installed					
Tires, radial - 175/70 SR 14, Price per pair include mounting on rim, but excluding balancing and valve prices.					
Battery, 12 volt maintenance-free, 60amp/hour capacity (exclude trade-in allowance) each, installed					
Anti-freeze / Coolant, permanent type, ethylene glycol 4 Litres, not installed					
Motor oil, premium quality of viscosity commonly used at the post Litre or quart, not installed		<input type="checkbox"/> Regular oil			
		<input type="checkbox"/> Synthetic oil			
Name of outlet used for pricing auto parts					
Comments					
Signature of Price Collector		Department		Date	



IMPORTANT:

Clothing prices should be collected from stores **normally patronized by post employees**. Please quote the price range for each of the items described below. Also, it would be helpful to include a sample of the most frequently found prices that represent **the price levels usually purchased by post employees**. According to local conditions, prices should be collected for items of materials usually worn at the post, e.g., cotton or cotton blends, wool or wool blends, synthetics, etc. In the Comments section, provide details of items priced where the material is not typically worn at the post, e.g. cashmere, alpaca, etc. Provide additional comments that would assist in establishing a representative average price for this outlet.

Name of Store: _____

Indicate the type of store: Discount: Economy type Outlet Moderate: Mid Range type Outlet Expensive: Exclusive type outlet

(Please use a separate form for each store normally patronized by post employees)

Other (specify): _____

Most similar Ottawa establishment: _____

Article	Specify Currency					Comments
	Lowest Typical Price	Highest Typical Price	Most Frequently Found Prices			
Panty hose, sheer legs, conventional fit, exclude support hose or high fashion design						
Half slip, cotton or synthetic, lace trim						
Blouse, plain shirt style solid colour						
Slacks, woven, casual type, solid colour						
Jeans, Levi's or like quality						
Skirt, woven, plain solid colour						
Sweater OR	Cardigan style					
	Pullover style					

Remarks

Signature of Price Collector	Department	City	Date
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IMPORTANT:

Clothing prices should be collected from stores **normally patronized by post employees**. Please quote the price range for each of the items described below. Also, it would be helpful to include a sample of the most frequently found prices that represent **the price levels usually purchased by post employees**. According to local conditions, prices should be collected for items of materials usually worn at the post, e.g., cotton or cotton blends, wool or wool blends, synthetics, etc. In the Comments section, provide details of items priced where the material is not typically worn at the post, e.g. cashmere, alpaca, etc. Provide additional comments that would assist in establishing a representative average price for this outlet.

Name of Store: _____

(Please use a separate form for each store normally patronized by post employees)

Most similar Ottawa establishment: _____

Indicate the type of store: Discount: Economy type Outlet Moderate: Mid Range type Outlet Expensive: Exclusive type outlet

Other (specify): _____

Article	Specify Currency						Comments
	Lowest Typical Price	Highest Typical Price	Most Frequently Found Prices				
Slacks, dress type							
Jeans, Levi's or like quality							
Socks, dress type, wool & nylon blend, ankle length, solid colour							
Briefs, combed cotton, polyester or nylon blend, double front, solid colour							
Shirt, business type, long sleeve, white or solid colour, well made	Cotton						
	or Polyester/Cotton						
Sports jacket, off the rack, type commonly worn at the post Specify: <input type="checkbox"/> Blazer <input type="checkbox"/> Tweed jacket <input type="checkbox"/> Safari jacket <input type="checkbox"/> Other _____							

Remarks

Signature of Price Collector	Department	City	Date
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IMPORTANT:

Clothing prices should be collected from stores **normally patronized by post employees**. Please quote the price range for each of the items described below. Also, it would be helpful to include a sample of the most frequently found prices that represent **the price levels usually purchased by post employees**. According to local conditions, prices should be collected for items of materials usually worn at the post, e.g., cotton or cotton blends, wool or wool blends, synthetics, etc. In the Comments section, provide details of items priced where the material is not typically worn at the post, e.g. cashmere, alpaca, etc. Provide additional comments that would assist in establishing a representative average price for this outlet.

Name of Store: _____

(Please use a separate form for each store normally patronized by post employees)

Most similar Ottawa establishment: _____

Indicate the type of store: Discount: Economy type Outlet Moderate: Mid Range type Outlet Expensive: Exclusive type outlet

Other (specify): _____

For Children ages 8 to 10

Article	Specify Currency					Comments
	Lowest Typical Price	Highest Typical Price	Most Frequently Found Prices			
Jeans, blue denim, for boys or girls, straight cut, good quality (exclude designer styles)						
Sweater, pullover type, for boys or girls, synthetic blend, long sleeve						
Sweatshirt, for boys or girls, long sleeve						
T-shirt, for boys or girls						
Socks for girls, nylon and acrylic blends solid colours						<input type="checkbox"/> knee high <input type="checkbox"/> anklets
Shoes, dress for boys, Front lace, leather uppers Synthetic soles and treads						

Remarks

Signature of Price Collector	Department	City	Date
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IMPORTANT:

Prices should be collected from stores **normally patronized by post employees**. Please quote the most frequently found prices that represent **the price levels usually purchased by post employees**. Provide additional comments that would assist in establishing a representative average price for this outlet.

Home Furnishings

Name of Store: _____

Indicate the type of store: Discount: Economy type outlet Moderate: Mid Range type Outlet Expensive: Exclusive type outlet

(Please use a separate form for each store normally patronized by post employees)

Other (specify): _____

Most similar Ottawa establishment: _____

Article		Indicate the thread count, e.g. 180, 200	Most Frequently Found Prices				Comments
Bedsheets Set, (one flat, one fitted, 2 pillowcases), polyester/cotton blend (exclude designer, embroidered or other specialty types)	Twin						
	Queen						
Bedsheets, separates, (exclude designer, embroidered or other specialty types)	one flat sheet	Twin					
		Queen					
	one fitted sheet	Twin					
		Queen					
two pillowcases	Regular size						
Duvet Cover, exclude Sets, polyester/cotton blend (exclude designer, embroidered or other specialty types)	Twin						
	Queen						
Bath towel, (55 cm x 115 cm approximately) medium weight, solid colour, (exclude bath sheets)							

Household Equipment

Name of Store or Market: _____

Article	Lowest Typical Price	Highest Typical Price	Most Frequently Found Prices				Comments
Electric Iron, steam/dry type, temperature control, spray applicator							
Electric Hand Mixer two beaters							
Electric Hairdryer, hand held							
Screwdriver, flat blade, medium size Exclude sets and multi function screwdrivers							
Hammer, claw type (570 g)							

Remarks _____

Signature of Price Collector _____ Department _____ City _____ Date _____



DRY CLEANING SERVICES		Most frequently used shop		1st Alternative shop		2nd Alternative shop	
Cash and carry service only							
NAME OF OUTLET							
Clean and press man's suit (2 piece)		Price (specify currency)		Price (specify currency)		Price (specify currency)	
Clean and press woman's street dress (wool or synthetic fabric only) plain tailored style without pleats							
SHOE REPAIR SERVICES		Most frequently used shop		1st Alternative		2nd Alternative	
Specify currency.							
NAME OF OUTLET							
Replacement of leather half soles on one pair of men's dress shoes		Price (specify currency)		Price (specify currency)		Price (specify currency)	
Replacement of lifts on one pair of women's dress shoes (lifts should be rubber or composition 1 cm.)							
HAIR SERVICES							
Please obtain prices or rates charged by the type of establishment customarily patronized by members of staff. Where possible attach a printed price list. Specify currency.							
MEN'S		Most frequently used shop		1st Alternative		2nd Alternative	
NAME OF OUTLET							
Regular hair cut (no extras)		Price without tip	Tip	Price without tip	Tip	Price without tip	Tip
Hairstyling (Shampoo, cut and blow dry)							
WOMEN'S		Most frequently used shop		1st Alternative		2nd Alternative	
NAME OF OUTLET							
Shampoo, cut and set short hair standard		Price without tip	Tip	Price without tip	Tip	Price without tip	Tip
Shampoo and cut and blow dry short hair standard							
Shampoo and set short to medium length hair							
Remarks							
Signature of Price Collector		Department		City		Date	



PAPERBACK NOVELS		Standard size, new paperbacks only, exclude hardcovers, short story or special collections editions			
Title of book	Author	Number of pages	Price	Store	
1.					
2.					
3.					
4.					
5.					
6.					
INTERNATIONAL MAGAZINES	Single copy newstand price	Annual Subscription price	INTERNATIONAL MAGAZINES	Single copy newstand price	Annual Subscription price
"Time"			"The Economist"		
"Newsweek"			"L'Express"		
"Paris Match"			Other (specify) _____		
NEWSPAPERS	Cost of an English or French Language Newspaper regularly purchased at the post. Newstand weekday price. (Exclude weekend or special editions).				
Local papers Specify commonly purchased local papers	Language	Format	Price	Comments	
1.	<input type="checkbox"/> english <input type="checkbox"/> french	<input type="checkbox"/> tabloid <input type="checkbox"/> regular			
2.	<input type="checkbox"/> english <input type="checkbox"/> french	<input type="checkbox"/> tabloid <input type="checkbox"/> regular			
3.	<input type="checkbox"/> english <input type="checkbox"/> french	<input type="checkbox"/> tabloid <input type="checkbox"/> regular			
4.	<input type="checkbox"/> english <input type="checkbox"/> french	<input type="checkbox"/> tabloid <input type="checkbox"/> regular			
International Papers	Price		Price		
"International Herald Tribune"		"USA Today"			
"Le Monde"		"Le Figaro"			
"The Times" (London)		Other(specify) _____			
Remarks					
Signature of Price Collector		Department	City	Date	



PRIVATE RESIDENTIAL TELEPHONE SERVICE

The following section pertains to a private residential telephone line and one push button telephone only. (If this type of phone is not commonly used at the post, or if residential telephones are not available, please provide description or explanation under "Comments") Please submit a typical monthly telephone bill with prices as well as photocopies of related information (re: zoning systems, etc.) from the telephone book wherever possible. If unit charge system is in effect, please describe fully.

1. Local telephone charges		Price Specify currency	Comments
a) Basic monthly line rental charge including one standard push button telephone			
b) Number of local calls included in basic rate reported in a) above: <input type="checkbox"/> Unlimited or _____ (specify) calls / month			
c) Charge for each additional local call (per call)			
d) Any other charges not covered above (please specify)			
i) _____			
ii) _____			
iii) _____			
e) If tax should be included, over and above the local fees already reported, please indicate the percentage of tax that applies _____ % or <input type="checkbox"/> tax, if any, already included in rates above			
2. Long distance charges three minute call from the post to Ottawa from a private residential telephone		Price Specify currency	Comments
a) Direct dial rate or most favourable rate available for a 3 min call made between 8pm and midnight (20:00 - 24:00) on a weekend evening.			
b) Direct dial rate or most favourable rate available for a 3 min. call made between 9am and 5pm (09:00 - 17:00) on a week day.			
c) If tax should be included, over and above the local fees already reported, please indicate the percentage of tax that applies _____ % or <input type="checkbox"/> tax, if any, already included in rates above			
POSTAGE:		Price specify currency	Comments
Domestic Postage Price for domestic postage of one standard size letter weighing 30g. by first class mail			
International Postage Price for international postage of one standard size letter, weighing 20g. by air mail to Ottawa			
Remarks			
Signature of Price Collector		Department	City
			Date



**MOVIES,
VIDEO RENTALS
SPORTS ADMISSIONS AND
PERFORMING ARTS**



MOVIE THEATRE ADMISSION		ADULT EVENING ADMISSION (First run film, regular duration viewing, good cinema, include tax, if any)			
Frequently used theatre patronized by Canadians Name of theatre _____		Regular price or range _____ Discount price or range _____		Discount available (specify) _____ #day(s)/week	
Alternate movie theatre patronized by Canadians Name of theatre _____		Regular price or range _____ Discount price or range _____		Discount available (specify) _____ #day(s)/week	
DVD or VIDEO CASSETTE RENTAL		Week day overnight rental for most full length films		Weekend rental for Most full length films	
Most frequently used outlet <input type="checkbox"/> DVD <input type="checkbox"/> Video		Cost / each for members _____ Cost / each for non members _____		Cost / each for members _____ Cost / each for non members _____	
Alternative outlet used by Canadians <input type="checkbox"/> DVD <input type="checkbox"/> Video		Cost / each for members _____ Cost / each for non members _____		Cost / each for members _____ Cost / each for non members _____	
If above does not apply at this post please describe arrangements used by majority of Canadians for obtaining video cassette films and specify costs involved, if any					
SPORTS ADMISSIONS		ADULT ADMISSION (include tax, if any)			
Typical events (soccer, baseball, football, horse racing, hockey etc.)		Lowest Typical Price	Highest Typical Price	Most Popular Price	
Event type 1, specify:					<input type="checkbox"/> Professional or <input type="checkbox"/> Amateur
Event type 2, specify:					<input type="checkbox"/> Professional or <input type="checkbox"/> Amateur
Event type 3, specify:					<input type="checkbox"/> Professional or <input type="checkbox"/> Amateur
PERFORMING ARTS ADMISSIONS		ADULT EVENING ADMISSION (include tax, if any)			
(Typical show such as drama, opera, ballet, popular singer/band, orchestra etc.)		Lowest Typical Price	Highest Typical Price	Most Popular Price	
Performance 1, specify:					<input type="checkbox"/> Professional or <input type="checkbox"/> Amateur
Performance 2, specify:					<input type="checkbox"/> Professional or <input type="checkbox"/> Amateur
Performance 3, specify:					<input type="checkbox"/> Professional or <input type="checkbox"/> Amateur
Remarks					
Signature of Price Collector		Dept.		City	Date



TRANSPORTATION TYPE

TAXI	Price (Specify currency)	
a) Regular minimum charge (exclude special rates such as rush hour rates, etc.)		Please specify the distance included in the minimum charge <input type="checkbox"/> Kms <input type="checkbox"/> Miles _____ Distance included
b) Fare for each additional kilometer/mile		
c) Customary tip		

NOTE: In those cases where only non-metered cabs are available, please indicate the cost of a "typical" trip and associated distance in addition to trip origin and destination:

Price _____	Distance _____	<input type="checkbox"/> Kms <input type="checkbox"/> Miles	Origin _____	Destination _____
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MUNICIPAL BUS Minimum fare, single adult ticket, purchased in advance for use outside rush hour periods.	Price	Comments
Monthly pass, unlimited usage		
SUBWAY Minimum fare, single adult ticket, purchased in advance for use outside rush hour periods.		
Monthly pass, unlimited usage		
SUBURBAN COMMUTER TRAIN Fare for a one way journey of approximately 16km (10 miles) single adult ticket purchased in advance.		
Monthly pass, unlimited usage		

Remarks

Signature of Price Collector	Department	City	Date
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RESTAURANT MEALS (Meal Rate Survey)



INSTRUCTIONS FOR MENU COLLECTION

The choice of menus should reflect typical establishments frequented by visitors to the mission and by post personnel for Breakfast, Lunch and Dinner. Exclude room service or catering menus. Exclude establishments used solely for representational purposes. Where Actual & Reasonable receipts are required for Daily Meal Rates, e.g. Breakfast, submit menus for establishments frequented by post personnel only. These will be used for Post Index purposes only. Where clubs (business, social, sport) are used by post personnel, include menus from these establishments. These, also, will be used for Post Index purposes only.

Daily Meal Rates for each meal will be based on averages of acceptable establishments using the following criteria:

BREAKFAST: North American, Continental, Buffet
LUNCH: Soup or Juice + Sandwiches, Hamburger or other typical lunch selection e.g. pasta + light Dessert + Coffee or Tea.
DINNER: Soup or Salad + Main Course of Meat, Chicken or Fish + Dessert + Coffee or Tea
 (Where oriental menus are selected: Egg or Spring Rolls + Main Dish + Dessert + Coffee or Tea)

For this location a minimum of ___ menus are required. If menus are not in English or French, translations must be provided.

Follows are the establishments accepted by the Foreign Meal Rates Committee for inclusion in the current Daily Meal Rates and/or the Post Index from the last submission by the mission. Please submit menus from these establishments and any additional menus required to meet the above requirements. Include all relevant information requested below.

Name of Establishment	Type of Restaurant	Type of Meal	Currency of Menu Prices	Taxes not included in Menu Prices (percentage)	Tips or Service Charges not included in Menu Prices (percentage)	Daily Specials (if available) Include all taxes and service charges
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
	Restaurant <input type="checkbox"/> Hotel <input type="checkbox"/> Club <input type="checkbox"/>	Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/>				Lunch
Signature of menu collector			Min.		City	Date





A. FULL LOCAL RETAIL PRICE: In this column report prices for purchases made locally at full retail prices						
B. DUTY FREE OR DISCOUNT PRICE: In this column report prices for purchases made locally at special diplomatic / discount prices or imported direct by staff at duty free or special discount prices. If imported, please ensure that invoices and other handling cost documents are submitted.						
Please price per bottle or per case whichever is typical for the particular outlet	A. Full Local Retail Price (specify currency)			B. Duty Free or Discount Price (specify currency)		
	Name of Store or Market			Name of Store or Market		
Liquor	Number of bottles	Size of bottle	Price	Number of bottles	Size of bottle	Price
Canadian Rye Whiskey						
Crown Royal						
Canadian Club						
Other Specify _____						
Scotch						
Johnnie Walker Red						
Johnnie Walker Black						
Other Specify _____						
Gin						
Beefeaters						
Other Specify _____						
Vodka						
Smirnoff						
Absolut						
Other Specify _____						
Rum						
Bacardi White Dry						
Other Specify _____						
Cognac						
Henessey						
Courvoisier V.S.						
Other Specify _____						
Liqueurs						
Drambuie						
Baileys Original Irish Cream						
Other Specify _____						
Signature of Price Collector	Department		City		Date	

ANNUAL AUTOMOBILE INSURANCE

No. 32b

NOTE: Please carefully read all pricing instructions and definition of car to be used for pricing purposes before contacting any insurance company representative.

1. Make/Model/Year of car for which premiums are provided below (should be a two year old automobile) :

/ / /
 Make Model Year

TYPE OF POLICY	WITH CLEAR DRIVING RECORD FOR 3 YEARS		WITH CLEAR DRIVING RECORD FOR 5 YEARS		2b) Describe type of inclusions covered under 3 rd party liability: <input type="checkbox"/> Bodily injury or death <input type="checkbox"/> Damage to property of others <input type="checkbox"/> Other 3 rd party coverage normally taken out at the post (specify) _____					
	FULL ANNUAL PREMIUM	SAFE DRIVER DISCOUNT =	PREMIUM AFTER DISCOUNT	FULL ANNUAL PREMIUM		SAFE DRIVER DISCOUNT =	PREMIUM AFTER DISCOUNT			
2. Third Party Liability (coverage: \$500,000 CDN)	-	=	-	=	3b) Check box if no minimum coverage is required for collision insurance <input type="checkbox"/> No minimum required					
3. Collision (employee's auto) (coverage: \$250 CDN deductible)	-	=	-	=						
4. Other Physical Damage (comprehensive, fire, theft, etc.) (coverage: \$50 CDN deductible)	-	=	-	=						
5. Total Annual Premium for coverage described in 2+3+4	-	=	-	=						
If a detailed breakdown cannot be made available above from any insurance company in use at the post, please complete question 6.										
6. All inclusive or All risk (includes both liability and physical damage) Coverage: 3 rd party liability: \$500,000 CDN Collision: \$250 CDN deductible Comprehensive Accident: \$250 CDN deductible benefits	PRIME ANNUELLE	-	RABAIS POUR CONDUITE SANS ACCIDENT	=	PRIME APRÈS RABAIS	-	RABAIS POUR CONDUITE SANS ACCIDENT	=	PRIME APRÈS RABAIS	3c) Check box if most Canadian employees do not carry collision insurance <input type="checkbox"/> No collision insurance
					4b) Describe types of inclusions covered under "Other physical damage": <input type="checkbox"/> Comprehensive or <input type="checkbox"/> Fire, Theft <input type="checkbox"/> Other (specify) _____					

REMARKS: If the coverage does not represent costs at your post, provide an explanatory note regarding:

- a) the minimum required by local law and,
- b) customary coverage typically carried by the average Canadian family as well as the related premiums.

Name of Insurance Company which provided the above information	Name of Price collector	Department	City	Date
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Insurance should be for a two year old, four or six cylinder privately owned automobile customarily driven to and from work less than 16 kilometres (10 miles) one way with all drivers over 25 years of age and with no more than two (2) drivers in the household.

PLEASE BEAR IN MIND THAT THE CAR YOU SELECT TO HELP YOU PRICE THE RELATED AUTOMOBILE INSURANCE PREMIUMS SHOULD BE OF A MAKE AND MODEL TYPICALLY USED BY THE AVERAGE FAMILY AT THE POST (e.g. Rolls-Royce and like automobiles are not acceptable)

Instructions for Pricing Purposes

1. Contact an agent of the insurance company that is being used by the majority of staff at the post to obtain premium quotes for the exact specifications as shown above.
2. Quote rates for "coverage" equivalent to that specified for each type of policy requested in the following questions. If the coverage does not represent costs at your post, attach an explanatory note providing information as to:
 - a) the minimum coverage required by local law at your post;
 - b) customary coverage "typically carried" by the **average** Canadian family at the post;
 - c) related insurance premiums reported under these conditions.
3. The following price schedule is divided into two sections:

SECTION A: Annual insurance premiums to be paid where the principal operator of the car has a "CLEAR" driving record (i.e. accident free) for **three (3) years**.

SECTION B: Annual insurance premiums to be paid where the principal operator of the car has a "CLEAR" driving record (i.e. accident free) for **five (5) years**.

In a large number of countries, Insurance Companies will offer special discounts which depend on the number of years a "Clear" driving record is maintained. Please report these safe driver discounts, where applicable. In a case of a post where such discounts are non-existent, please specify by writing "N/A" under the "Safe Driver Discount" column and report "full annual premium quotes".
4. In those cases where Insurance Premiums vary for individual rating areas within the Metropolitan area, a separate "Automobile Insurance Price Schedule" should be provided for each rating area where Canada-based staff reside. Please attach an explanatory note regarding the zoning system for those various rating areas.
5. The insurance premiums should be reported on an **"annual"** basis. For those posts at which insurance is purchased on a semi-annual basis or otherwise, please ensure that insurance premiums reported are adjusted to an annual basis.
6. If most employees at the post do not normally carry **"collision insurance"** and/or "other physical damage insurance" because of their very high costs, some explanatory note should be provided.





CABLE / SATELLITE TELEVISION SERVICE

A) Provide the monthly cost for basic cable/satellite service. Exclude initial installation costs and Pay per View channels. Comparisons will be done on a cost for english/french channels only. Include all taxes, if applicable.

Basic Monthly Subscription Cost _____	Number of English Channels _____	Number of French Channels _____
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B) If extended basic service is available, provide the **additional** monthly cost for this service. Indicate the number of **additional** English or French channels included in this service. Exclude Pay per View channels. Include all taxes, if applicable.

Extended Monthly Subscription Cost _____	Number of English Channels _____	Number of French Channels _____
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C) Indicate the number of channels where some of the programming is in the original English or French with other language subtitles. Exclude any included in **A & B**.

Nombre de canaux _____

D) If English or French channels are available by Pay per View service only, indicate the monthly subscription cost and the normal cost to view a **first run movie**. Include all taxes, if applicable. Exclude special Events

Basic Monthly Subscription Cost _____	Pay per View Movie fee _____	
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If the above does not apply at this post please describe arrangements used by majority of Canadians for obtaining cable/satellite service and specify costs involved, if any

HOUSEHOLD INSURANCE FOR TENANTS

Contact an agent of the insurance company that is being used by the majority of staff at the post to obtain rates for all of the specifications as shown below. Indicate whether coverage is for single family unit or multi-unit dwelling. Coverage should include the following :

- 1) Fire and Other Perils: for personal property, emergency living expenses, property temporarily removed from the tenancy.
- 2) Theft Perils: Theft from within the tenancy, property temporarily removed from the tenancy.

Coverage should not include damages resulting from major catastrophies such as earthquakes, tornados, etc., unless these are included at no extra charge.

<input type="checkbox"/> single family	1) Premium for coverage of goods valued at \$50,000 Cdn : _____ 2) Premium for coverage of goods valued at \$75,000 Cdn : _____ 3) Premium for coverage of goods valued at \$100,000 Cdn : _____ including a deductible amount of \$200.00 Cdn
<input type="checkbox"/> multi-unit	

Remarks

Signature of Price Collector	Dept.	City	Date
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**HOUSEHOLD
MAINTENANCE &
REPAIRS**



Article/Service	Price Level	Specify quantity	Price Specify Currency	Brand and Description
Plumbing:	Typical			
Minimum cost of a service call (e.g. repair leaking faucet)	Alternate			
Television:	Typical			
Minimum cost of a service call	Alternate			
Washing Machine:	Typical			
Minimum cost of a service call	Alternate			

Article/Service	Price Level	Specify quantity	Price Specify Currency	Brand and Description
White Paint, interior latex, good quality	Typical			
4 L or 1 gallon (specify Imperial or U.S. gallon)	Alternate			

Name of Store or Market

Remarks

Signature of Price Collector	Department	City	Date
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**BANK SERVICE FEES AND
VEHICLE REGISTRATION &
LICENSING**



Bank Service Fees			
Indicate the fees requested from banking institutions where a local accounts are held but the client has <u>not</u> subscribed to any monthly plans, i.e., pay as you go			
	Most frequently used bank	1st Alternative bank	2nd Alternative bank
Specify the name of the Institution	_____	_____	_____
Transfers: Local Bank cost for incoming transfers from other institutions (\$3000 CDN equivalent)			
Cheques Fee to process a cheque (from a regular chequing account) without a monthly plan			
Fee to certify a cheque			
Fee charged for an NSF cheque			
Drafts Cost of currency draft in local currency (\$1,000 CDN equivalent)			
Safety Deposit Boxes Monthly rental fee for a safety deposit box (smallest size)			
Automatic Bank Machines Fee for cash withdrawal at a bank machine from a local account held by that bank			
Local Currency Fee to convert \$1000 CDN or equivalent to local currency			
Vehicle Registration & Licensing			
Registration and licensing fees for a first vehicle are normally covered through provision of reciprocal diplomatic or other terms of employment arrangements such that individual Canada based employees incur no personal expense for these costs. (FSD 30) Where second vehicles are concerned, the situation may vary depending on the mission. To ensure that these expenditures are properly treated in Post Index calculations, the cost of applicable registration and licensing fees is required as well as a brief description outlining the circumstances under which employees would be personally responsible for these costs.			
Are registration and licensing fees for the first vehicle always provided at no direct cost to Canada-based staff:			<input type="checkbox"/> NO <input type="checkbox"/> YES
If No , provide details including fee structures for registration and licensing:			Registration
			License
Are registration and licensing fees for additional vehicles always provided at no direct cost to Canada-based staff:			<input type="checkbox"/> NO <input type="checkbox"/> YES
If No , provide details including fee structures for registration and licensing:			Registration
			License
Signature of Price Collector	Dept.	City	Date



(RETAIL SALES, VALUE ADDED or SERVICE)



All applicable taxes paid by CBS are reflected in the Post Index. Canada-based staff (CBS) may be exempt from paying these taxes, either by deduction at the point of purchase or through rebate systems. It is essential that the following information be provided to ensure these circumstances are accurately reflected in the Post Index. This form must be signed by the Head of Mission or designate when completed. Alternatively, if this information is available in an existing document, a copy may be submitted.

Documentation provided YES NO Complete the following:

If any tax exemptions are available, explain the process, including:

Are tax exemptions available at point of purchase? NO YES

Is there a minimum amount for any one item before an exemption/rebate may be applied? NO YES Indicate amount in Local Currency: _____

Is there a minimum total amount to be accumulated before an exemption/rebate may be applied? NO YES Indicate amount in Local Currency: _____

Is there an annual maximum rebate that may be claimed? NO YES Indicate amount in Local Currency: _____

Provide any relevant details:

If **none** of the CBS at this missions take advantage of tax exemptions, provide details

Indicate the rate of tax for each category of expenditure listed below, if any. Note exclusions or exceptions within each category. Indicate if CBS are eligible to claim an exemption from sales, value added or service taxes. (see example). If the following table does not provide the necessary information to clarify the situation, include additional information, as required.

CATEGORY	Tax Rate (%)	EXCLUSIONS	Tax Exemption Eligibility (YES / NO)	
			<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
EXAMPLE: Telephone Service	7%	Line Rental	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Tobacco Products			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Alcohol Products			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Gasoline			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Food For Home Consumption			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Confectioneries: (Candy, Chips, Soft Drinks, etc.)			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Restaurant Meals			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Pet Food			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Household and Personal Care Supplies			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Non Prescription Medicines			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Sports Equipment, Photographic Supplies, Toys, Games, Computer Hardware and Software, Music CD's, Videos			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Reading Material (Books & Magazines)			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Clothing			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Household Services: Telephone, Cablevision, Internet, Postage			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Services (Labour): Auto or Computer Repairs, Hair Services, Dry Cleaning			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Insurance: Auto or Household			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Admissions to Sporting and Entertainment Events			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Video & DVD Rentals			<input type="checkbox"/> YES	<input type="checkbox"/> NO

I certify that, to the best of my knowledge, the information provided in this document is true and accurate.

Signature: _____ Date: _____

