



**FRESH
OR
FROZEN MEATS**



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.

NOTE: If organic products (including free range chickens) are priced, this must be noted in the Identification/Substitution/Comments column.

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
	Steak			<input type="checkbox"/> T-Bone OR <input type="checkbox"/> Rib OR <input type="checkbox"/> Sirloin
	Ground 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 OR <input type="checkbox"/> boneless, skinless
	Chicken Legs			<input type="checkbox"/> Thighs OR <input type="checkbox"/> Drumsticks

Remarks

Name of Store or Market _____ City _____

Signature of Price Collector _____ Department _____ Date _____





**CURED MEAT
and
FISH**



Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
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**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 type="checkbox"/> sliced over the counter
	Alternate			<input type="checkbox"/> prepacked OR <input type="checkbox"/> sliced over the counter
Weiners (hot dogs) 500 g. or lb.	Typical			<input type="checkbox"/> 100% Bee. OR <input type="checkbox"/> 100% Chick.
	Alternate			<input type="checkbox"/> 100% Beef OR <input type="checkbox"/> 100% Cricken

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 type="checkbox"/> Fillet	<input type="checkbox"/> Fresh OR <input type="checkbox"/> Frozen <input type="checkbox"/> Other
			<input type="checkbox"/> Whole Fish OR <input type="checkbox"/> Fillet	<input type="checkbox"/> Fresh OR <input type="checkbox"/> Frozen <input type="checkbox"/> Other
			<input type="checkbox"/> Whole Fish OR <input type="checkbox"/> Fillet	<input type="checkbox"/> Fresh OR <input type="checkbox"/> Frozen <input type="checkbox"/> Other
			<input type="checkbox"/> Whole Fish OR <input type="checkbox"/> Fillet	<input type="checkbox"/> Fresh OR <input type="checkbox"/> Frozen <input type="checkbox"/> Other
			<input type="checkbox"/> Whole Fish OR <input type="checkbox"/> Fillet	<input type="checkbox"/> Fresh OR <input type="checkbox"/> Frozen <input type="checkbox"/> Other
			<input type="checkbox"/> Whole Fish OR <input type="checkbox"/> Fillet	<input type="checkbox"/> Fresh OR <input type="checkbox"/> Frozen <input type="checkbox"/> Other
			<input type="checkbox"/> Whole Fish OR <input type="checkbox"/> Fillet	<input type="checkbox"/> Fresh OR <input type="checkbox"/> Frozen <input type="checkbox"/> Other

Remarks

Name of Store or Market City

Signature of Price Collector Department Date





NOTE: If organic products are priced this must be noted in the Brand and Description Column

Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
Canned Tuna (solid white/alabcore) in water 200 g. or 7 oz.	Typical			
	Alternate			
Canned Salmon 220 g. or 7¼ oz.	Typical			<input type="checkbox"/> Pink <input type="checkbox"/> Sockeye/Red <input type="checkbox"/> Other
	Alternate			<input type="checkbox"/> Pink <input type="checkbox"/> Sockeye/Red <input type="checkbox"/> Other
Milk, Fresh 2% M.F. (1 st grade) (exclude empty bottle deposit) 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.	<input type="checkbox"/> Soft <input type="checkbox"/> Solid Typical			<input type="checkbox"/> Premium Brand _____ <input type="checkbox"/> Other _____
	<input type="checkbox"/> Soft <input type="checkbox"/> Solid Alternate			<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

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NOTE: If organic products are priced this must be noted in the Brand and Description column.

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	BERTOLI			
	Alternate			
Mayonnaise 750 ml. or 32 fl oz.	Typical			
	Alternate			
Salad Dressing, French or Italian 475 ml or 16 oz liq.	Typical			
	Alternate			
Remarks				
Name of Store or Market			City	
Signature of Price Collector		Department		Date





NOTE: If organic products are priced this must be noted in the Brand and Description Column

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			
	CHEERIOS (regular)			
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.	MCVITIES			
	Alternate			
Cookies, butter or shortbread 450 g. or 16 oz.	WALKERS			
	Alternate			
Cookies, Chocolate Chip 400 g. or 14 oz.	Typical			
	Alternate			
Biscuits 350 g or 12 oz	OREOS			
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.	Baquette			
	Croissants (package)			
	Hamburger buns			

Remarques

Name of Store or Market City

Signature of Price Collector Department Date



NOTE: If organic products are priced this must be noted in the Brand and Description Column

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 (5-10 minute) <input type="checkbox"/> Converted type
	Alternate			<input type="checkbox"/> Instant type (5-10 minute) <input type="checkbox"/> Converted type
Rice, plain, uncooked type 500 g. or 14 oz.	BASMATI			
	Alternate			
Pasta (good quality) 500 g. or lb.	BARILLA			<input type="checkbox"/> Spaghetti <input type="checkbox"/> Macaroni
	DE CECCO			<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
Worcestershire Sauce 284 ml. or 10 fl oz.	LEA & FERRINS			
	Alternate			
Black Pepper, pure in tin or cardboard carton 113 g or 4 oz.	Typical			<input type="checkbox"/> Ground <input type="checkbox"/> Whole grains OR <input type="checkbox"/> Table Salt
	Alternate			<input type="checkbox"/> Ground <input type="checkbox"/> Whole grains OR <input type="checkbox"/> Table Salt

Remarks

Name of Store or Market City

Signature of Price Collector Department Date





NOTE: If organic products are priced this must be noted in the Brand and Description Column

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
	Alternate			<input type="checkbox"/> Regular <input type="checkbox"/> Decaffeinated
Tea, Orange Pekoe Exclude herb or spice teas 25, 50 or 100 bags	LIPTON			
	EARL GREY			<input type="checkbox"/> TWININGS <input type="checkbox"/> Other _____
	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	ml		
	6	ml		
	12	ml		
	24	ml		
Remarks				
Name of Store or Market				City
Signature of Price Collector		Department		Date





NOTE: If organic products are priced this must be noted in the Brand and Description Column

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 1 1/2 oz 100g or 3 3/4 oz	TOBLERONE			
	MILKA / LINDT			
	RITTER SPORT			
	HERSHEY			
	MARS / SNICKERS			
	FERRERO ROCHER			
	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	
Signature of Price Collector		Department		Date





NOTE: If organic products are priced this must be noted in the Brand and Description Column

Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
Canned Soup 300 g or 10 oz liq.	CAMPBELL'S TOMATO			<input type="checkbox"/> Condensed OR <input type="checkbox"/> Ready to serve
	CAMPBELL'S VEGETABLE			<input type="checkbox"/> Condensed OR <input type="checkbox"/> Ready to serve
	Alternate			<input type="checkbox"/> Vegetable, ready to serve OR <input type="checkbox"/> Dried Soup Vegetable

Canned Vegetables NOTE: Specify drained weight if available in the Specify Weight or quantity column.

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 NOTE: Specify drained weight if available in the Specify Weight or quantity column.

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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Signature of Price Collector	Department	Date
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FROZEN FOODS



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	BEN & JERRY'S			
	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.

NOTE: If organic products are priced this must be noted in the Comments column.

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			OR <input type="checkbox"/> Celery Hearts
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 TOTAL			
	SENSODYNE			
	Alternate			
Mouthwash, oral antiseptic 350 ml or 12 liq oz.	Typical			
	Alternate			
Shaving cream, aerosol can 200 ml or 7 oz	Typical			<input type="checkbox"/> cream <input type="checkbox"/> gel
	Alternate			<input type="checkbox"/> cream <input type="checkbox"/> gel
Razor blades package of 5	SENSOR EXCEL			
	MACH 3			<input type="checkbox"/> Turbo
	FUSION			
	Alternate			Or <input type="checkbox"/> Disposable Razors
Body Lotion 300 ml or 11 oz	LUBRIDERM			
	JERGEN'S			
	DOVE			
	NIVEA			
	Alternate			
Nail Polish Remover 200 ml or 7 liq oz.	Typical			
	Alternate			
Sunscreen, waterproof, UVA/UVB SPF 30 200 ml or 7 liq oz.	Typical			
	Alternate			
Toilet soap, bath size 125 g or 5 oz.	PALMOLIVE			
	FA			
	DOVE			
	IRISH SPRING			
	PEARS			
	NEUTROGENA			
	Alternate			
Toilet soap, LIQUID 225 ml or 8 oz..	Typical			
	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 or gel 75 g. or 2½ oz.	Typical			OR <input type="checkbox"/> Roll-on
	Alternate			OR <input type="checkbox"/> Roll-on
Name of Store or Market			City	
Signature of Price Collector		Department		Date





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



NOTE: If ecological friendly products are priced this must be noted in the Brand and Description Column

Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
Toilet paper, white package of 4 rolls	Typical			# of sheets : _____ <input type="checkbox"/> Jumbo
	Alternate			# of sheets : _____ <input type="checkbox"/> Jumbo
Facial tissues 200 doubles (plain)	KLEENEX			
	Alternate			
Sanitary napkins, maxi-pads Box of 30	ALWAYS			
	Alternate			
Tampons, regular size Package of 30-40	TAMPAX			
	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			# of sheets : _____ <input type="checkbox"/> Jumbo
	Alternate			# of sheets : _____ <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 60 Watts, 2 bulbs	Typical			<input type="checkbox"/> Standard incandescent <input type="checkbox"/> CFL – 60-watt equivalent
	Alternate			<input type="checkbox"/> Standard incandescent <input type="checkbox"/> CFL – 60-watt equivalent
Remarks				
Name of Store or Market			City	
Signature of Price Collector		Department		Date





NOTE: If ecological products are priced this must be noted in the Brand and Description Column

Item	Price Level	Specify Weight or quantity	Price Specify Currency	Brand and Description
Laundry detergent powder (e.g. Tide) (Note: exclude HEF types) 2.4 kg. or 84 oz.	Typical			OR <input type="checkbox"/> ULTRA (concentrated)
	Alternate			OR <input type="checkbox"/> ULTRA (concentrated)
Laundry detergent, liquid (Note: exclude HEF types) 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			OR <input type="checkbox"/> Tablets (number)
	Alternate			OR <input type="checkbox"/> Tablets (number)
Automatic dishwasher detergent liquid L or 35 oz.	Typical			
	Alternate			
Liquid Bleach (e.g. Javex) 3.6 L or gal.	Typical			<input type="checkbox"/> thick or concentrated
	Alternate			<input type="checkbox"/> thick or concentrated
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	
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**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, Panadol) 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
Ibuprophen (e.g. Advil) 100 tablets	Typical			<input type="checkbox"/> 200 mg tablets
	Alternate			<input type="checkbox"/> 200 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
PHILLIPS MILK OF MAGNESIA USP 350 ml				
ALKA-SELTZER tablets 24, 48 or 100 tablets	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		Department		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 duty free outlet		
WINE <small>Local and imported, standard quality wine, in bottle with cork. Specify the brand and variety eg. Chablis, Riesling, Bordeaux Zinfandel etc. For imported varieties indicate the country of origin.</small>	Number of bottles	Size of bottle	Price	Number of bottles	Size of bottle	Price
White wine (domestic)						
Red wine (domestic)						
White wine (imported)						
Red 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 running shoes for men/ women , best quality, (e.g. Nike, Reebok, etc.) pair						
Athletic running shoes for boys/girls , best quality, (e.g. Nike, Reebok, etc.) pair						
Name of Store or Market				Date		
Photographic Supplies & Services						
Digital Memory Card 2 Gb	Typical					
	Alternate					
Digital Memory Card 4 Gb	Typical					
	Alternate					
Digital Prints 10 x 15 cm (4" x 6") Each						
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.				
Wii Fit Control set with Balance Board	Each			or <input type="checkbox"/> Wii Nunchuk accessory
Wii Game Most Recent Releases	Each			
X-Box 360 control set, with 1 controller, no games	Each			
X-Box 360 Game Most Recent Releases	Each			
Sony Playstation 3 control set	Each			
Sony Playstation 3 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 VISTA Software, full package	Each			<input type="checkbox"/> Full <input type="checkbox"/> Upgrade <input type="checkbox"/> WINDOWS 7
Compact Discs with cases 650 MB - 700 MB	Typical			<input type="checkbox"/> recordable <input type="checkbox"/> rewriteable
	Alternate			<input type="checkbox"/> recordable <input type="checkbox"/> rewriteable
DVD 4.7 GB with cases	Typical			<input type="checkbox"/> recordable <input type="checkbox"/> rewriteable
	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 recent releases	Typical			
	Alternate			
Each				
DVD, recent release	Typical			
	Alternate			
Each				
Name of Store or Market				Date
Remarks				
Signature of Price Collector		Department		City





**MOTOR
OPERATION
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 <input type="checkbox"/> rebate <input type="checkbox"/> other (specify below)	Most frequently used outlet	Other reasonably priced outlet
Cash price for regular gasoline Litre or gallon				
Cash price for premium gasoline Litre or gallon				
Specify type of service included with price indicated		<input type="checkbox"/> Self serve price <input type="checkbox"/> Full service price	<input type="checkbox"/> Self serve price <input type="checkbox"/> Full service price	<input type="checkbox"/> Self serve price <input type="checkbox"/> Full service price
Name of outlet(s):				
Automobile Services		Specify the make of automobile	Duty free / special discount price	Regular local retail price
Specify Currency				
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	Duty free / special discount price	Regular local retail price
Specify Currency				
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, 60 amp, four 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	City	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							
Ladies Briefs Low rise, cotton blend, solid colour							
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, solid colour Exclude knee length socks						
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 for boys front lace uppers, synthetic soles and treads						<input type="checkbox"/> dress <input type="checkbox"/> casual

Remarks

Signature of Price Collector	Department	City	Date
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HOUSEHOLD FURNISHINGS & EQUIPMENT



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
		Lowest Typical Price	Highest Typical Price	Lowest Typical Price	Highest Typical Price	
Pillowcases (exclude designer, embroidered or other specialty types)	Two <input type="checkbox"/> Regular size					Or <input type="checkbox"/> King 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
			Lowest Typical Price	Highest Typical Price	Lowest Typical Price	Highest Typical Price	
Electric Iron, steam/dry type, temperature control, spray applicator							
Electric Hand Mixer without bowl/s 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 _____



**HOUSEHOLD &
PERSONAL CARE
SERVICES**

No. 25



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 and cut and blow dry short hair standard		Price without tip	Tip	Price without tip	Tip	Price without tip	Tip
Shampoo and style short to medium length hair							
Remarks							
Signature of Price Collector		Department		City		Date	





PAPERBACK NOVELS		Standard size, Best Sellers 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).			
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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
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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 RENTAL	Week day overnight rental for most full length films	Weekend rental for Most full length films	Membership Cost Duration and # of films included	
Most frequently used outlet	Cost / each for members _____ Cost / each for non members _____	Cost / each for members _____ Cost / each for non members _____	Membership Cost _____ / _____ specify per year, life time etc. Includes _____ (# of films)	
Alternative outlet used by Canadians	Cost / each for members _____ Cost / each for non members _____	Cost / each for members _____ Cost / each for non members _____	Membership Cost _____ / _____ specify per year, life time etc. Includes _____ (# of films)	
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 _____
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.		Price		Comments
Monthly pass, unlimited usage				
SUBURBAN COMMUTER TRAIN Fare for a one way journey of approximately 16km (10 miles) single adult ticket purchased in advance.		Price		Comments
Monthly pass, unlimited usage				
Remarks				
Signature of Price Collector		Department	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	





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.



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.

	FULL ANNUAL PREMIUM	- SAFE DRIVER DISCOUNT	= PREMIUM AFTER DISCOUNT	FULL ANNUAL PREMIUM	- SAFE DRIVER DISCOUNT	= PREMIUM AFTER DISCOUNT	3c) Check box if most Canadian employees do not carry collision insurance <input type="checkbox"/> No collision insurance
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	_____	- _____	= _____	_____	- _____	= _____	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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**CABLE / SATELLITE
TELEVISION SERVICE AND
HOUSEHOLD INSURANCE**



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 _____
--	-------------------------------------	------------------------------------

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 _____
---	-------------------------------------	------------------------------------

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 _____
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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 _____	
--	---------------------------------	--

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	Price Specify Currency	Name of Establishment	Comments
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



Indicate the fees requested from banking institutions where a local accounts are held but the client has not subscribed to any monthly plans, i.e., pay as you go

Bank Service Fees	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: NO 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: NO YES

If No , provide details including fee structures for registration and licensing:	Registration
	License

Signature of Price Collector	Dept.	City	Date
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RETAIL SALES TAXES, VALUE ADDED TAXES or SERVICE TAXES



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. If this information is available in an existing document, a copy should 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 excisions 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.

Price Form Number	CATEGORY <i>EXAMPLE:</i> <i>Telephone Service</i>	Tax Rate (%)	Tax Exemption Eligibility (YES / NO)		EXCLUSIONS
			<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
		7%	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<i>Line Rental</i>
1-6,9-11	Food Purchased from Stores		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
7-8	Confectioneries: (Candy, Chips, Soft Drinks, etc.)		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
8	Pet Food		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
12-14	Household and Personal Care Supplies		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
15	Non Prescription Medicines		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
16,31	Tobacco & Alcohol Products		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
17-19	Sports Equipment, Photographic Supplies, Toys, Games, Computer Hardware and Software, Music CD's, DVDs		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
20	Gasoline		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
20	Automobile Parts		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
20	Services: Automobile or Computer Repairs		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
21-24	Clothing, Linens		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
25	Dry Cleaning, Shoe Repair Services		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
25	Hair Cutting Services		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
26	Reading Material (Books & Magazines)		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
27,33	Household Services: Telephone, Cablevision, Internet, Postage		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
28	Admissions to Cinemas		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
28	DVD Rentals		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
28	Admissions to Sporting and Entertainment Events		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
30	Restaurant Meals		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
32,33	Insurance: Auto or Household		<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: _____

