FOR EVCS PROVIDER – OPERATOR:

FOR COMMERCIAL USE CHARGING STATION (CUCS)

Name of EVCS Provider		
EVCS Location/ Service Area (non-stationary or mobile EVCS)		
Inclusive Date of Submission	Month:	Year:

Electric Vehicle Charging Station	
Items	**Remarks**
No. of Charging Points:	
EVCS Output (DC, AC, AC/DC):	
Rated Power Capacity (kW)	
Rated Input Voltage (V):	
Rated Input Current (A):	
Output Voltage (V), ranges if applicable:	
Maximum Output Current (A):	
No load loss or standby power (Watts)	
Efficiency (%)	
No. of hours in operation per day (h):	

Note: Use the matrix form for EVCS having similar rated output. If EV charging points have different specification use separate similar form.

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--- to be filled up monthly ---

	Items		Data	Remarks
Operation	No. of hours in operation per day (h) (total working hours):			
	Total Monthly Sales	in kWh:		
		in Peso:		
	Charging Fee (Pesos):			
	Average monthly charging consumption (kWh):			
	Sub-kWh reading:			
	Others:			

FOR BATTERY SWAPPING STATION (BSS)

Name of EVCS Provider	
EVCS Location/ Service Area (non-stationary or mobile EVCS)	
Inclusive Date of Submission	Month: _____ Year: _____

Electric Vehicle Charging Station	
Items	**Remarks**
EVCS Output (DC, AC, AC/DC):	
Rated Power Capacity (kW)	
Rated Input Voltage (V):	
Rated Input Current (A):	
Output Voltage (V), ranges if applicable:	
Maximum Output Current (A):	
No load loss or standby power (Watts)	
Efficiency (%)	

Note: Use the matrix form for EVCS having similar rated output. If EV charging points have different specification use separate similar form.

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--- to be filled up monthly ---

	Items	**Data**	**Remarks**
Operation	No. of hours in operation per day (h) (total working hours):		
	Total Monthly Sales — in kWh:		
	Total Monthly Sales — in Peso:		
	Charging Fee (Pesos):		
	Average monthly charging consumption (kWh):		
	Sub-kWh reading:		
	Total number of charged swapped batteries:		
	Estimated average state of charge of swapped batteries:		
	Others:		

FOR EVCS PROVIDER – SERVICE:

Name of EVCS Provider	
Office Address:	

--- *to be filled up monthly* ---

No.	EVCS Location	EVCS Operation	Service/s Provided	Service Price (PHP)
(Month-YYYY)				
1.		☐ OUCS ☐ CUCS	(add this specific row if installation/ construction services were provided)	
2.				
3.				
4.				
5.				
			TOTAL (PHP)	PHP
	Add additional row/s as required.			
(Month-YYYY)				
1.		☐ OUCS ☐ CUCS	(add this specific row if installation/ construction services were provided)	
2.				
3.				
4.				
5.				
			TOTAL PRICE (PHP)	PHP
	Add additional row/s as required.			
(Month-YYYY)				
1.		☐ OUCS ☐ CUCS	(add this specific row if installation/ construction services were provided)	
2.				
3.				
4.				
5.				
			TOTAL PRICE (PHP)	PHP
	Add additional row/s as required.			

FOR EVCS PROVIDER – SUPPLIER:

Name of EVCS Provider	
Office Address:	

--- to be filled up monthly ---

No.	List of sold EVCS, parts and components	Total Number of Sales	Price (PHP)
(Month-YYYY)			
1.			
2.			
3.			
4.			
5.			
		TOTAL PRICE (PHP)	PHP
	Add additional row/s as required.		
(Month-YYYY)			
1.			
2.			
3.			
4.			
5.			
		TOTAL PRICE (PHP)	PHP
	Add additional row/s as required.		
(Month-YYYY)			
1.			
2.			
3.			
4.			
5.			
		TOTAL PRICE (PHP)	PHP
	Add additional row/s as required.		