



**DRAFT**

**ASIAN DEVELOPMENT BANK**

**(Name of Association) CAREC Transport and Trade Corridors  
Performance Measurement and Monitoring Project**

**MEMORANDUM OF UNDERSTANDING**

**I. INTRODUCTION:**

**A. CAREC Transport and Trade Corridors**

1. Economic corridors are geographically designated areas where economic activities are concentrated, and movements of goods, persons, services, capital, and information facilitated. Through transport and infrastructure linkages, they activate and accelerate trade, investments, and related commercial activities. They are a key means of facilitating regional economic cooperation.

2. The Central Asia Regional Economic Cooperation (CAREC) Transport and Trade Facilitation Strategy (the Strategy) and its Action Plan focus on the development of six CAREC corridors, which will facilitate transport and trade within and through the CAREC region and provide important links among the world's rapidly growing markets around the region.

3. The same strategy and action plan also mandate that performance be measured and monitored periodically to ascertain the current situation along the links and nodes of each CAREC corridor, identify bottlenecks, and determine courses of action to take to address such bottlenecks. Three methods that measure and monitor performance has been considered for CAREC, each focused on a particular corridor component. The Time/Cost Distance Methodology will gather time and cost data associated with transit transport processes to identify constraints along a particular route by looking at a detailed breakdown of cost and time involved along every section of such route. Based on the data gathered, further work may be sanctioned using the Time Release study to assess legal and regulatory component and/or the Logistics Performance Index to assess logistics services efficiency.

4. The implementation of the corridor performance measurement and monitoring (CPMM) scheme for CAREC was discussed at the Seminar on Trade Logistics Development and Performance Measurement and Monitoring held last 23 April 2008 in Baku, Republic of Azerbaijan and also during the Trade Logistics Development Workshop held in Tashkent in September 2008. It was later formally approved at the Seventh Customs Coordination Committee Meeting on 8-9 September, 2008 in Issy Kul and again affirmed at the CAREC Ministerial Conference on 21 November, 2008 in Baku. It was decided that CPMM will be initially carried out in the following priority sub-corridors:

CAREC 1b: Russian Federation–East Asia (RUS, KAZ, PRC)

CAREC 2a: Mediterranean–East Asia (AZE, KAZ, KGZ, TAJ, UZB, PRC)

CAREC 3b: Russian Federation–Middle East and South Asia (RUS, KAZ, KGZ, TAJ, UZB, AFG, IRN)

CAREC 4b: Russian Federation–East Asia (RUS, MON, PRC)

CAREC 5: East Asia–Middle East and South Asia- (AFG, KGZ, TAJ, PRC)

CAREC 6c: Russian Federation–Middle East and South Asia (RUS, KAZ, UZB, TAJ, AFG, PAK).

AFG=Afghanistan, AZE=Azerbaijan, IRN= Iran, KAZ=Kazakhstan, KGZ=Kyrgyz Republic, MON=Mongolia, PAK= Pakistan, PRC= People's Republic of China, RUS= Russian Federation, TAJ=Tajikistan, UZB=Uzbekistan.

## **B. Performance Indicators**

5. In developing performance indicators and monitoring mechanisms, it is noted that the operation or functioning of a corridor involves: (i) physical infrastructure, (ii) legal framework that governs trade and the provision of trade services as well as inter-government agreements or international treaties, and (iii) logistics services which manage and control the flow and storage of goods from points of origin to points of consumption.

6. Performance indicators are a quantitative assessment of a process (in this case the movement of goods) that measure progress toward specific goals. They reflect the efficiency or quality of the corridor's components individually or in combination. It is important for indicators to be comparable across routes, modes of transport, transit stops, border posts and links or segments between stops.

## **C. Time/Cost – Distance Methodology**

7. The “Time/Cost – Distance Methodology” is a graphical representation of cost and time data associated with transport processes. The purpose of the model is to identify inefficiencies and isolate bottlenecks along a particular route by looking at the cost and time characteristics of every section along a route. The methodology allows policy makers to

- Analyze the factors that affect the cost and time required to transport goods on certain routes;
- Compare — over a period of time — the changes in cost and/or time required to transport goods on a given route;
- Evaluate competing modes of transport operating on the same route; and
- Assess the desirability of alternate transit routes.

## **II. Time/Cost – Distance Data Collection**

### **A. Objectives**

8. The ADB<sup>1</sup> will support the conduct of a CPMM project for one year starting on 1 March 2009 renewable for another year. The main method to be used for this period will be the time-cost-distance methodology.

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<sup>1</sup> under the “Integrated Trade Facilitation Support for CAREC” (TA 6437 REG)

9. The project will gather data in the identified six priority sub corridors in order to to allow the policymakers and the private stakeholders to identify and address specific bottlenecks, barriers to trade and transit impediments.

## **B. Implementation Arrangements and Key Activities**

10. Associations of road carriers, logistics providers and freight forwarders in each CAREC country will be engaged to collect the data required for the time/cost-distance analysis of sub-corridors on a quarterly basis. It will cover the following activities:

- a. **Data gathering.** Personnel of carriers participating in the project will fill out the Corridor Performance Measurement and Monitoring Project Data Collector's Form (Attachment A).
- b. **Data input, compilation and report preparation.** Staff of the (name of association) will be tasked to input data gathered into the time-cost-distance templates, compile the data and prepare reports.
- c. **Training and Monitoring.** ADB consultants will provide initial training on how to fill out the forms and how to use the time-cost-distance templates and prepare reports. Supervisors of (name of association) will be trained to manage the data gathering process and data input, compilation, report preparation and become future trainers. Expenses related to essential travel outside the domicile of the carrier association to conduct training and monitoring activities will be reimbursed based on agreed rates (Attachment B)

## **C. Terms**

11. The corridor performance measurement and monitoring activity is for an initial period of 12 months, from 1 March 2009 to 28 February 2010. ADB has the option to renew for an additional 12 month period under the same terms and conditions and has the right to terminate this MOU at any time, with or without cause, by giving 30 days advance notice to (name of association).

12. ADB will provide financial support to cover the operational cost associated with data collection activities. Such cost is estimated not to exceed \$\_\_\_\_\_ equivalent for the initial 12 month period. The fund will be payable on a monthly basis upon completion of assigned work and timely submission of data and reports to ADB. (Name of Association) will provide full support in the form of competent staff and other resources necessary for the successful implementation of the project and will submit a quarterly report to ADB including completed TCD templates.

Attachments

Received and Confirmed by:

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(Name of Signatory)

(Name of Association)

Date: \_\_\_\_\_

Submitted by:

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Ying Qian

Principal Economist (Financial Sector)  
Financial Management, Public Management  
and Regional Cooperation Division, East Asia  
Department, Asian Development Bank

Date: \_\_\_\_\_

## Corridor Performance Measurement and Monitoring Project Data Collector's Form

Please fill out the questionnaire below and return it to \_\_\_\_\_. Based on the data you submit, we will analyze the reasons for the bottlenecks and constraints to the smooth flow of goods in the region. The results of this analysis will be presented to the public and private sectors who can prepare strategies to remove such bottlenecks/constraints. Thank you very much.

### Part A

Instructions for Part A *(may be filled up by the data collector or transport association liaison officer)*

1. *Shipment Code No.:* This box is to be filled up by the association and is needed for easier consolidation of the data that would be gathered from this survey.
  2. *"Nationality of driver"* and *"Country of vehicle registration"* refer to transport by road only. In case of multimodal transports along the route please indicate the nationalities of all drivers and vehicles involved.
  3. *"Pick up start date"* and *"Delivery date"* refer to the dates when the transport physically leaves its place of departure and when the goods or last batch of goods physically arrive at their destination.
  4. *Start and End Odometer Readings* Please record the odometer reading at the place of origin and at the place of final destination.
  5. *Route description:* Please write down, in chronological order, the place of origin, the main cities/towns that were passed, including major junctions and corridor numbers, and then the place of final destination.
  6. *Goods:* Please enter the type of goods transported. If there is more than one type of goods, please specify each type.
  7. *Quantity:* Please write down the quantity of goods transported. If there is more than one type of goods, please indicate the quantity for each type of good.)
  8. *"Was the transport performed under an international transit system (e.g. TIR, NCTS)?"* Please tick the correct box. Moreover, please specify which international transit system was applied.
  9. *"Additional information on road transport vehicle"* Please provide information on the make and capacity of the transport vehicle
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**To be filled by Association**

**Shipment                      Code                      No.**

Nationality of driver: \_\_\_\_\_ Country of vehicle registration \_\_\_\_\_

In case of multimodal transportation:

<b>Nationality of Driver</b>	<b>Mode of transportation</b>	<b>Kind of vehicle used</b>

Pick up start date \_\_\_\_\_ Delivery date: \_\_\_\_\_

Start Odometer Reading \_\_\_\_\_ End Odometer Reading \_\_\_\_\_

Length of Vehicle (m) \_\_\_\_\_ Number of Axles \_\_\_\_\_ Payload (tons) \_\_\_\_\_

Route Description: \_\_\_\_\_

<b>Goods being transported</b>	<b>Quantity: (Tons)</b>	<b>Delivery date</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Was transport performed under an international transit system (e.g. TIR, NCTS, safe packet, etc)

☐ Yes

☐ No

If yes, please specify transit system \_\_\_\_\_

#### **Additional Information on Road Transport Vehicle**

Manufacturer of vehicle : \_\_\_\_\_

Model of vehicle : \_\_\_\_\_ Year manufactured : \_\_\_\_\_

Emission Standard : (Please tick only one)

☐ Euro 1

☐ Euro 2

☐ Euro 3

☐ Euro 4

☐ Euro 5

If cargo transported in container, please specify size of container: (please tick one)

☐ 20 ft (6.1m)

☐ 40 ft (12.2m)

☐ 45 ft (13.7m)

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## Part B

### Instructions for Part B

10. *Name of the place and country of 1<sup>st</sup> (or nth) stop:* Please write down the name of city/town and name of country.
11. *Distance to next stop:* Please write down the distance from the place of departure to the first stop on this leg.
12. *Duration of travel:* Please write down in the duration of the journey from the place of departure or the previous stop to this stop. Please write down the duration in hours and minutes.
13. *Mode of transport:* Please choose the kind of transport used is ("road", "rail" or "ship") and tick the correct circle.
14. *Place of next stop:* Please insert name of the place (e.g. name of city or village, junction or highway km) and of the country
15. *Reason for stop:* Please choose the most suitable reason for the stop and tick the correct circle. "Intermediate stop" refers to all stops except the place of departure, border crossings and final destination. Examples of intermediate stop includes: fuel stop, dinner stop, rest/overnight stop, or repair stop, etc.
16. *Description of activities during a stop:* Please provide a short description of the individual activities undertaken at the stop, including their duration and the costs associated with them. Costs may include payments for: fuel, food, hotel/room rent, fines or fees at checkpoints, repairs, and miscellaneous expenses. Tick the appropriate circles. Please write down the duration and costs of only the activities which you ticked off.
17. *Facilities available at the stop:* Please tick the appropriate circle. This additional information will help determine availability of facilities for the drivers and status of customs modernization programs.
18. *Comments:* Please provide additional relevant information or feedback about the questionnaire and the procedure for gathering data.

Thank you very much.

*To be filled by Association*

Shipment      Code      No.

## Leg 1

Name of the place and country of your 1<sup>st</sup> stop \_\_\_\_\_

### Please indicate the following values from previous stop to this stop

Distance (km)	Time (hours, mins)	

### What mode of transport did you use for this leg?

☐ Road      ☐ Rail      ☐ Ship

Did you use a container in transporting your cargo in this leg?

☐ Yes      ☐ No

### Why did you stop?

☐ Intermediate Stop    ☐ Exit Border      ☐ Enter Border      ☐ Final Destination

### What activities did you do at this stop:

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

### Facilities available at the stop:

☐ Warehouse      ☐ Container Terminal      ☐ Trucking Terminal      ☐ Port  
☐ X-Ray Machine      ☐ Electronic Processing      ☐ Hotel      ☐ Bank  
 Others (pls. specify)

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



*To be filled by Association*

Route No.

## Leg 2

Name of the place and country of your 2<sup>nd</sup> stop: \_\_\_\_\_

### Please indicate the following values from previous stop to this stop

Distance (km)	Time (hours, mins)	

### What mode of transport did you use for this leg?

☐ Road ☐ Rail ☐ Ship

Did you use a container in transporting your cargo in this leg?

☐ Yes ☐ No

### Why did you stop?

☐ Intermediate Stop ☐ Exit Border ☐ Enter Border ☐ Final Destination

### What activities did you do at this stop:

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

### Facilities available at the stop:

☐ Warehouse ☐ Container Terminal ☐ Trucking Terminal ☐ Port  
☐ X-Ray Machine ☐ Electronic Processing ☐ Hotel ☐ Bank  
 Others (pls. specify)

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Leg 3***To be filled by Association*

Route No.

Name of the place and country of your 3<sup>rd</sup> stop: \_\_\_\_\_**Please indicate the following values from previous stop to this stop**

Distance (km)	Time (hours, mins)	

**What mode of transport did you use for this leg?**
☐ Road
                     ☐ Rail
                     ☐ Ship

Did you use a container in transporting your cargo in this leg?

☐ Yes
                     ☐ No
**Why did you stop?**
☐ Intermediate Stop
      ☐ Exit Border
                     ☐ Enter Border
                     ☐ Final Destination
**What activities did you do at this stop:**

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

**Facilities available at the stop:**
☐ Warehouse
      ☐ Container Terminal
      ☐ Trucking Terminal
      ☐ Port  
☐ X-Ray Machine
      ☐ Electronic Processing
      ☐ Hotel
                     ☐ Bank  
 Others (pls. specify)

 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*To be filled by Association*

Route No.

## Leg 4

Name of the place and country of your 4<sup>th</sup> stop: \_\_\_\_\_

### Please indicate the following values from previous stop to this stop

Distance (km)	Time (hours, mins)	

### What mode of transport did you use for this leg?

☐ Road ☐ Rail ☐ Ship

Did you use a container in transporting your cargo in this leg?

☐ Yes ☐ No

### Why did you stop?

☐ Intermediate Stop ☐ Exit Border ☐ Enter Border ☐ Final Destination

### What activities did you do at this stop:

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

### Facilities available at the stop:

☐ Warehouse ☐ Container Terminal ☐ Trucking Terminal ☐ Port  
☐ X-Ray Machine ☐ Electronic Processing ☐ Hotel ☐ Bank  
 Others (pls. specify)

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Leg 5***To be filled by Association*

Route No.

Name of the place and country of your 5<sup>th</sup> stop: \_\_\_\_\_**Please indicate the following values from previous stop to this stop**

Distance (km)	Time (hours, mins)	

**What mode of transport did you use for this leg?**
☐ Road
                     ☐ Rail
                     ☐ Ship

Did you use a container in transporting your cargo in this leg?

☐ Yes
                     ☐ No
**Why did you stop?**
☐ Intermediate Stop
      ☐ Exit Border
                     ☐ Enter Border
                     ☐ Final Destination
**What activities did you do at this stop:**

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

**Facilities available at the stop:**
☐ Warehouse
      ☐ Container Terminal
      ☐ Trucking Terminal
      ☐ Port  
☐ X-Ray Machine
      ☐ Electronic Processing
      ☐ Hotel
                     ☐ Bank  
 Others (pls. specify)

 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Leg 6***To be filled by Association*

Route No.

Name of the place and country of your 6<sup>th</sup> stop: \_\_\_\_\_**Please indicate the following values from previous stop to this stop**

Distance (km)	Time (hours, mins)	

**What mode of transport did you use for this leg?**
☐ Road
                     ☐ Rail
                     ☐ Ship

Did you use a container in transporting your cargo in this leg?

☐ Yes
                     ☐ No
**Why did you stop?**
☐ Intermediate Stop
      ☐ Exit Border
                     ☐ Enter Border
                     ☐ Final Destination
**What activities did you do at this stop:**

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

**Facilities available at the stop:**
☐ Warehouse
      ☐ Container Terminal
      ☐ Trucking Terminal
      ☐ Port  
☐ X-Ray Machine
      ☐ Electronic Processing
      ☐ Hotel
                     ☐ Bank  
 Others (pls. specify)

 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Leg 7***To be filled by Association*

Route No.

Name of the place and country of your 7<sup>th</sup> stop: \_\_\_\_\_**Please indicate the following values from previous stop to this stop**

Distance (km)	Time (hours, mins)	

**What mode of transport did you use for this leg?**
☐ Road
                    
 ☐ Rail
                    
 ☐ Ship

Did you use a container in transporting your cargo in this leg?

☐ Yes
                    
 ☐ No
**Why did you stop?**
☐ Intermediate Stop
     
 ☐ Exit Border
                    
 ☐ Enter Border
                    
 ☐ Final Destination
**What activities did you do at this stop:**

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

**Facilities available at the stop:**
☐ Warehouse
     
 ☐ Container Terminal
     
 ☐ Trucking Terminal
     
 ☐ Port  
☐ X-Ray Machine
     
 ☐ Electronic Processing
     
 ☐ Hotel
                    
 ☐ Bank  
 Others (pls. specify)

 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Leg 8***To be filled by Association*

Route No.

Name of the place and country of your 8<sup>th</sup> stop: \_\_\_\_\_**Please indicate the following values from previous stop to this stop**

Distance (km)	Time (hours, mins)	

**What mode of transport did you use for this leg?**
☐ Road
                     ☐ Rail
                     ☐ Ship

Did you use a container in transporting your cargo in this leg?

☐ Yes
                     ☐ No
**Why did you stop?**
☐ Intermediate Stop
      ☐ Exit Border
                     ☐ Enter Border
                     ☐ Final Destination
**What activities did you do at this stop:**

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

**Facilities available at the stop:**
☐ Warehouse
      ☐ Container Terminal
      ☐ Trucking Terminal
      ☐ Port  
☐ X-Ray Machine
      ☐ Electronic Processing
      ☐ Hotel
                     ☐ Bank  
 Others (pls. specify)

 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Leg 9***To be filled by Association*

Route No.

Name of the place and country of your 9<sup>th</sup> stop: \_\_\_\_\_**Please indicate the following values from previous stop to this stop**

Distance (km)	Time (hours, mins)	

**What mode of transport did you use for this leg?**
☐ Road
                     ☐ Rail
                     ☐ Ship

Did you use a container in transporting your cargo in this leg?

☐ Yes
                     ☐ No
**Why did you stop?**
☐ Intermediate Stop
      ☐ Exit Border
                     ☐ Enter Border
                     ☐ Final Destination
**What activities did you do at this stop:**

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

**Facilities available at the stop:**
☐ Warehouse
      ☐ Container Terminal
      ☐ Trucking Terminal
      ☐ Port  
☐ X-Ray Machine
      ☐ Electronic Processing
      ☐ Hotel
                     ☐ Bank  
 Others (pls. specify)

 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*To be filled by Association*

8

## Leg 10

Route No.

Name of the place and country of your final destination: \_\_\_\_\_

### Please indicate the following values from previous stop to this stop

Distance (km)	Time (hours, mins)	

### What mode of transport did you use for this leg?

☐ Road ☐ Rail ☐ Ship

Did you use a container in transporting your cargo in this leg?

☐ Yes ☐ No

### Why did you stop?

☐ Intermediate Stop ☐ Exit Border ☐ Enter Border ☐ Final Destination

### What activities did you do at this stop:

Activity	Duration (Hours, Minutes)	Cost (Local currency)
<input type="radio"/> Refuelling		
<input type="radio"/> Meals		
<input type="radio"/> Rest/Overnight Stay		
<input type="radio"/> Police Checkpoint		
<input type="radio"/> Vehicle Repair		
<input type="radio"/> Detour		
<input type="radio"/> Escort		
<input type="radio"/> Filling up of Documentation		
<input type="radio"/> Customs Inspection		
<input type="radio"/> Health Inspection		
<input type="radio"/> Quarantine		
<input type="radio"/> Applying for Visa		
<input type="radio"/> Loading/Unloading		
<input type="radio"/> Others, please specify:		

### Facilities available at the stop:

☐ Warehouse ☐ Container Terminal ☐ Trucking Terminal ☐ Port  
☐ X-Ray Machine ☐ Electronic Processing ☐ Hotel ☐ Bank  
Others (pls. specify)

Comments: \_\_\_\_\_

(End of Document Set)

**Budget Estimate for CPMM - (name of country)**

**I. Data Collection**

- Cost per set of forms for (name of country) will be:
  - Under 50km \$
  - 50km – 400km \$
  - 401km - 800km \$
  - 801km – 1200km \$
  - 1201km – 1600km \$
  - Over 1600km \$ \_\_\_\_\_

**Assumptions:**

- For each leg, driver will need 5 min of data entry time.
- Driver compensation per form will vary for each country, based on the average prevailing hourly driver rate.
- There will be approximately 30 trips per month
- Estimated no. of legs
  - Under 50km 3 legs (=start, finish & 1 intermediate stop)
  - 50km – 400km 6 legs (start, finish & 4 intermediate stop)
  - 401km - 800km 10 legs (start, finish & 8 intermediate stop)
  - 801km – 1200km 14 legs (start, finish & 12 intermediate stop)
  - 1201km – 1600km 18 legs (start, finish & 16 intermediate stop)
  - Over 1600km 22 legs (start, finish & 20 intermediate stop)
- Cost estimate for one year

(No. of legs X 5 minute)/60 X hourly driver rate X 30 trips X 12 = Total cost

**II. Data Input, Compilation and Report Preparation**

- Cost per set of forms for (name of country) will be \$\_\_\_\_\_
- Cost per set of forms will cover form printing, scanning, copying, telephone, driver coordination, administration, data transfer to TCD template, report preparation
- Only forms fully completed and approved by the supervisor will be paid

**Assumptions:**

- Maximum of 30 sets of forms per month
- Cost estimate for one year:

Cost per form X 30 forms X 12 months = Total cost

**III. Training Fee**

- Training fee/day for (name of Country):

- Trainer will be staff of (name of carrier association) and training venue will be provided by the (name of carrier association) free of charge as counterpart cost

**Assumptions:**

- One training session per quarter; max. 2 days per training session
- Cost estimate for one year

Training fee/day X 2 days X 4 sessions = Total cost

**IV. Traveling Expenses**

- The travelling expense reimbursements are for essential travel outside the domicile of the carrier association for driver recruitment, training and monitoring.
- All transport expense in relation to training and monitoring will be reimbursed only if supported by receipts.
- Maximum daily per diem for (name of country): \_\_\_\_
- Maximum transport expense per trip: \_\_\_\_\_

**Assumptions:**

- Expected no. of training sessions in 12 months: 4 x 2 days per
- Expected no. of monitoring visits in 12 months: 14 x 2 days per visit
- Cost estimate for one year  
Per diems:  
36 days x max. daily per diem = Total cost

Transport

18 trips X max. transport expense/trip = Total cost

**V. Payment Method**

The (name of association) will advance the payments for the CPMM activities enumerated above subject to conditions as stated and ADB will reimburse expenses incurred subject to submission of claims for reimbursement with proper supporting documents.

OR

ADB will grant an advance to (name of association) equivalent to one quarter of projected expenses and will release subsequent quarter budget subject to submission of liquidation for the advance granted accompanied by proper supporting documents.