



Quotation Form

Name of Bidder: _____

Bidder Contact Details: (Phone No., Email) _____

Date of Bid: _____

Request for Quotation No: UNFPA/SYR/RFQ/RH/06-2019/25

Currency of Bid price: _____

Delivery time (weeks from receipt of order till dispatch): _____

Expiration of Validity of Quotation (The quotation shall be valid for a period of at least 3 months/90 days after the Closing date.): _____

Price Schedule:

No.	Item	Unity of Measure	Quantity	Manufacturer name	Lead Time	Unit price	Total price
1	Cefixim 400mg	Capsule	240,000				
2	Amoxicillin/ clavulanic acid 875 mg / 125 mg	Tablet	134,400				
3	Ceftriaxone 1000mg	Ampoule	80,000				
4	Metronidazole 500 mg	Tablet	400,000				
5	Halotane 1mg 250ml	Bottle	1,000				
6	Propofol 1%	Ampoule	12,000				
7	Atracarium 50 mg	Ampoule	6000				
8	Bupivacaine 20mg/4ml	Ampoule	1200				
9	Isoflurane 100ml	Flacon	550				
10	Spasmaverin	Ampoule	8000				
11	Ephedrine 30mg	Ampoule	5000				
12	Hydrocortisone 100mg	Flacon	10,000				
13	Oxytocin 10 IU	Ampoule	5000				



In your offer, please include:

1. Specific technical specifications of products offered
2. Quality standard of the products

Vendor's Comments:

I hereby certify that this company, which I am duly authorized to sign for, accepts the terms and conditions of UNFPA (<http://www.unfpa.org/resources/unfpa-general-conditions-contract>) and we will abide by this quotation until it expires.

Name and title

Date and Place