

Date: 22/02/2018

Quotation Form

Name of Bidder: _____

Date of Bid: _____

28/02/2018

Request for Quotation No: _____

UNFPA/SYR/RFQ/RH/02-2018/06

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 **three (3) months** after the Closing date.): _____

Price Schedule:

#	Item Trade name	Manufacturer name	U.o.M	Lead time	Quantity	U. Price	Sub-Total Price
1	Multivitamins for pregnant and lactating women		Tablets		2,000,000		
2	Cefixim 400mg		Capsule		200,000		
3	Metronidazole		Ovule		400,000		
4	Metronidazole 500mg		Tablets		600,000		
5	Miconazol Nitrate 200mg		Ovule		200,000		
6	Folic Acid 5mg		Tablets		2,300,000		
Grand Total Amount							



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