

Date: 16/07/2018

Quotation Form

Name of Bidder: _____

Date of Bid: 16/07/2018

Request for Quotation No: UNFPA/SYR/RFQ/RH/07-2018/23

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	Total Price
1	Metronidazole 500mg		Tablets		300,000		
2	Metronidazole 750mg + Miconazole 200mg		Ovule		75,000		
3	Cefixime 400mg		Tablets		70,000		
4	Amoxicillin 875mg + Clavulanic Acid 125mg		Tablets		112,000		
5	Azithromycin 500mg		Tablets		54,000		
6	Secnidazole 500mg		Tablets		4,000		
7	Methyldopa 250mg		Tablets		20,000		



8	Metoclopramide 10mg		Tablets		50,000		
9	Paracetamol 500mg		Tablets		150,000		
10	Nystatin+ Dexamethasone		Cream		1,000		
11	Loratadine 10mg		Tablets		10,000		
12	Drotaverine 40mg		Tablets		100,000		

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