

## Quotation Form

**Name of Bidder:** \_\_\_\_\_

**Date of Bid:** \_\_\_\_\_

**Request for Quotation No:** UNFPA/SYR/RFQ/RH/03-2019/10

**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	Tab	134,400				
3	Ceftriaxone 100mg	Vial	40,000				
4	Halotane 1mg 250ml	Bottle	200				
5	Propofol 1%	Ampoule	3500				
6	Atracarium 50 mg	Ampoule	3000				
7	Bupivacaine 20mg/4ml	Ampoule	600				
8	Isoflurane 100ml Flacon	Ampoule	500				
9	Spasmaverin	Ampoule	4000				
10	Meropenem 1g	Ampoule	500				
11	Meropenem 500 mg	Ampoule	500				
12	Ephedrine 30mg	Ampoule	5000				
13	Hydrocortisone 100mg	Flacon	5000				
14	Vitamin K 1mg	Ampoule	3000				
15	Neostegmine 2.5mg	Ampoule	6000				
16	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.**

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**Name and title**

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**Date and Place**