



## Quotation Form

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

Bidder Contact Details: (Phone No., Email) \_\_\_\_\_

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

Request for Quotation No: UNFPA/SYR/RFQ/RH/09-2019/41

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	Vitamin K	Ampoule	45,000				
2	Ceftriaxone 1000 mg	Vial	75,000				
3	Metronidazole 1 g	Vial	40,000				
4	Tramadol 50mg	Ampoule	1,250				
5	Dexamethasone 8mg	Ampoule	25,000				
6	Ampicillin 1g	Vial	6,250				
7	Diclofenac 75mg	Ampoule	35,000				
8	Ondansetron 8mg	Ampoule	12,000				
Grand- Total Price							

**In your offer, please include:**

1. MoH Registration License for the products
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