



Quotation Form

Name of Bidder: _____

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

Date of Bid: _____

Request for Quotation No: UNFPA/SYR/RFQ/RH/09-2019/51

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 ONE MONTH/ 30 days after the Closing date.): _____

Price Schedule:

No.	Item	Unity of Measure	Quantity	Manufacturer name	Lead Time	Unit price	Total price
1	Dortaverin hcl	Ampoule	47,000				
2	Tramadol 50mg	Ampoule	1,250				
3	Metronidazole 1 g	Flacon	5,000				
4	Dexamethasone 8mg	Ampoule	27,000				
5	Enoxaparin 4000	Ampoule	8000				
6	Diclofinac 75mg	Ampoule	37000				
7	Ondansteron 8mg	Ampoule	13000				
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