



**Date:** 11 /12/2017

## Quotation Form

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

**Date of Bid:** 11/12/2017

**Request for Quotation No:** UNFPA/SYR/RFQ/RH/12-2017/36

**Currency of Bid Price:** \_\_\_\_\_

**Delivery time** (*DAP Damascus* 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	U.o.M	Quantity	Lead Time (Day)	Unit Price	Total Price
1	Arithromycin 500 mg	CAP	<b>1,000,000</b>			
2	Amoxicillin 500 mg	CAP	<b>800,000</b>			
3	Folic Acid 5mg	TAB	<b>2,000,000</b>			
4	Ciprofloxacin 500 mg	CAP	<b>500,000</b>			
5	Metronidazol 500mg	TAB	<b>100,000</b>			
6	Metronidazol Ovule 500 mg	Ovule	<b>300,000</b>			
7	Ceftriaxone 1000 mg	Vial	<b>80,000</b>			
8	Ciprofloxacin 500 mg	Tab	<b>800,000</b>			
<b>Grand Total Price</b>						

*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**