



Annex 1- Quotation Form

Da	te of Bid:				
Bi	dder Contact Details: (Ph	one No., Email)			
Request for Quotation No:				UNFPA/SYR/RFQ/RH/08-2020/41	
Cu	rrency of Bid price:				
De	livery time (weeks from re	ceipt of order till o	dispatch):		
Ex	piration of Validity of Qu	otation (The quot	ation shall be:		
Va	lid for a period of at least	<mark>One (1) months</mark> aft	er the Closing a	late):	
Pri	ice Schedule:				
#	Item	Quantity	UoM	Unit Cost	Total Cost
	MASK SURGICAL	15,000	Box of 50		
	RESPIRATOR, mask, FFP2 or N95	50,000	EA		
	1				
(<u>ht</u>	ereby certify that this company tp://www.unfpa.org/resource pires.				
Name and title				Date and Place	

Name of Bidder: