



Annex 1- Quotation Form

Name of Bidder: _____

Date of Bid: _____

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

Request for Quotation No: UNFPA/SYR/RFQ/RH/03-2021/10

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 **One (3) months** after the Closing date):* _____

Price Schedule:

#	Item	Quantity	UOM	Unit Cost	Total Cost
1	Surgical Masks	24000	Box of 50		
Grand total Cost					

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