



Annex 1- Quotation Form

Name of Bidder: _____

Date of Bid: _____

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

Request for Quotation No: **UNFPA-SYR-RFQ-RH-04-2022-10**

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

Price Schedule:

#	Item	Quantity	UOM	Unit Cost	Total Cost
1	Electrocardiography ECG	3	Each		
2	Colposcopy	2	Each		
7	Quadrant device Ear Eye Nose Throat _ high quality	4	Each		
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