PRICE Quotation Form

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| **Name of Bidder:** |  |
| **Date of the quotation:** | Click here to enter a date. |
| **Request for quotation Nº:** | UNFPA/JOR/RFQ/19/005 |
| **Currency of quotation:** | JOD |
| **Validity of quotation:***(The quotation shall be valid for a period of at least 3 months after the submission deadline.)* |  |

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| **Price Quotation Form** |
| LotN° | Item N° | Product Name | Unit of Measure | Required Quantity | Delivery in Days | Item Expiry Date | Unit Price | Total (JOD) | Lot Total (JOD) |
| 1 | 1 | Folic Acid tab | Tablet | 200,000 |  |  |  |  |  |
| 2 | Cefixime | Capsules | 5,000 |  |  |  |  |
| 3 | Ciprofloxacin | Tablet | 10,000 |  |  |  |  |
| 2 | 1 | Ferrous Sulfate | Tablet | 150,000 |  |  |  |  |  |
| 2 | Clotrimazole | Supp | 1,500 |  |  |  |  |
| 3 | Paracetamol | Tablet | 500,000 |  |  |  |  |
| 3 | 1 | Miconazole Nitrate | Supp | 10,500 |  |  |  |  |  |
| 2 | Miconazole Nitrate | Tube  | 1,500 |  |  |  |  |
| 3 | Mefanamic Acid | Tablet | 10,000 |  |  |  |  |
| 4 | 1 | Carbonyl Iron | Tablet | 30,000 |  |  |  |  |  |
| 5 | 1 | Meclizine Hyrdochloride (25 mg), Pyridoxine hydrochloride (50mg) / tab | Tablet | 10,000 |  |  |  |  |  |

*Vendor’s Comments:*

I hereby certify that the company mentioned above, which I am duly authorized to sign for, has reviewed RFQ UNFPA/JOR/RFQ/19/005 including all annexes, amendments to the RFQ document (if applicable) and the responses provided by UNFPA on clarification questions from the prospective service providers. Further, the company accepts the General Conditions of Contract for UNFPA and we will abide by this quotation until it expires.

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|  | Click here to enter a date. |  |
| Name and title | Date and place |