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/20/002 |
| **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 (JOD)** |
| Item N° | Product Name | Unit of Measure (UoM) | Required Quantity | Unit Price based on UoM(JOD) | Item Total (JOD) |
| 1 | Enoxaparin sodium 4000 IU | Syringe | 3,500 |  |  |
| 2 | Aluminum Hydroxide-Magnesium Hydroxide 400mg/ 400mg | Tablet | 131,000 |  |  |
| 3 | Calcium Carbonate 500mg | Tablet | 168,000 |  |  |

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| Item N° | Product Name | Unit of Measure (UoM) | Required Quantity | Available Quantity | Item Expiry Date | Delivery to Amman in Calendar Days |
| 1 | Enoxaparin sodium 4000 IU | Syringe | 3,500 |  |  |  |
| 2 | Aluminum Hydroxide-Magnesium Hydroxide 400mg/ 400mg | Tablet | 131,000 |  |  |  |
| 3 | Calcium Carbonate 500mg | Tablet | 168,000 |  |  |  |

*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/20/002 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 |