



Company Name

Registration No.

Address

Zip Code & City

Telephone

E-mail

Legal Representative

Passport No

Name of Client

Represented by

Address

Zip Code & City

Telephone

E-mail

QUOTATION No.

Date of quotation

Issued by

ACTED supplier unique code

ACTED Supplier Questionnaire is filled in & signed YES NO

ACTED General Conditions of Purchase are signed YES NO

ACTED Supplier's Ethical Declaration is filled in & signed YES NO

Validity of quotation

Terms of Payment

Start of Service

Expected Delivery Date

Delivery/Freight Terms

Description of goods/services/works billed:

	Description	Quantity	Unit	Unit Price (\$) (w/out tax)	Total (\$) (w/out tax)	Tax (%)	Tax (\$)	TOTAL with tax (\$)
1	Request for Offices space 30 Rooms plus should be walkable from Guesthouse	1	offices					
2	Request for Guesthouse Space 39 Rooms plus should be walkable from office ,plus service like house keeping , laundry and the rooms should be completed	1	Guesthouse					

Additional Information:

Grand total without tax

Tax

Transport/delivery costs

Grand total

Signature & Company Stamp





PR0-03.3