



	Company Name								
	Registration No.		QL	JOTAT	TON No.				
	Address								
	Zip Code & City								
	Telephone					Date of quotation			
	E-mail					Issued by			
	Legal Representative				ACTED sup	oplier unique code			
	Passport No			ACTED Supplier Questionnaire is filled in & signed   VES NO					
					ACTED G	eneral Conditions	of Purchas	se are signed	☐ YES ☐ NO
	ame of Client ACTED SOUTH SUDAN JUBA			ACTED Supplier's Ethical Declaration is filled in & signed					
	epresented by WANI GIRIFASO LUKA		A	Validity of quotation					
	Address	dress HAL CINEMA		Terms of Payment					
	Code & City		Start of Service						
	elephone 211929419965				ed Delivery Date				
	E-mail wani.grifiaso@acted.org		Z		Delivery/Freight Terms				
Description of goods/services/works billed:									
	Accompanied of goodwider moteral military.								
	Descri	ption	Quantity	Unit	Unit Price (\$) (w/out tax)	Total (\$) (w/out tax)	Tax (%)	Tax (\$)	TOTAL with tax (\$)
1	Mandatory		1	Compound					
	- Parking area for 8 vehicles  Additionnal Information:					Grand total without tax  Tax  Transport/delivery costs  Grand total  Signature & Company Stamp			



