

MERCY CORPS 'country name'

Address Line 1  
Address Line 2

# Request for Quotation



Quotation Due by (Date): 11-Mar

<b>Name of supplier:</b>	
<b>Registration or Tax Identification Number:</b>	

<b>Date</b>	<b>PR No.</b>
	JUB4987

Item	Qty.	Unit	Description	Price per Unit	Extended Price	Terms of payment	Delivery schedule	Warranty	Validity of offer	Origin of Goods
1	1	Audit	Audit of #91503 (SDC STREAM)							
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<b>Insurance+Shipping+Handling</b>						<input type="checkbox"/> Additional information attached <small>(please check box if true)</small>									
				VAT ...%											
				<b>TOTAL:</b>							<b>Delivery Address:</b> Mercy Corps Juba Office, plot 445, Kololo, (US Consulate Rd)				

**Official Quote Provided By: (Address, Contact Information, Stamp and Signature) --- Supplier must provide Name/Title/Signature/Contact information and/or Stamp (or RFQ will not be considered) ---**

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Stamp:** \_\_\_\_\_

**Contact Information (phone...):** \_\_\_\_\_