

MERCY CORPS 'country name'

Address Line 1
Address Line 2

Request for Quotation



Quotation Due by (Date):

Name of supplier:

Registration or Tax Identification Number:

Date:

PR No. JUB5521

Item	Qty.	Unit	Description	Price per Unit	Extended Price	Terms of payment	Delivery schedule	Warranty	Validity of offer	Origin of Goods
1	12	Months	Legal Advisor							
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Insurance+Shipping+Handling

If the specifications are different or more detailed than the ones listed in the RFQ, a separate written Quote must be provided by the vendor instead of this RFQ. The Quote must include at least all information requested in this RFQ.

VAT ...%

TOTAL:

Delivery Address: Mercy Corps Juba Office

Additional information attached
(please check box if true)

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...): _____