



REQUEST FOR QUOTATIONS

RFQ #: MTA0010
 PRF #: MTA0010

Supplier :
 Address :
 Contact Number :
 RFQ Date :
 Currency of Transaction :
 Required Response time (Latest) :
 Delivery location :

PACKAGING INSTRUCTIONS

S#	Item and Description	UOM	QTY	Unit Price	Total Price	Package type	Package Qty
1	MHM kit(Branded Buckets Small Sige, Mukwano Type with Org/Donor Logo, 2 Bar Soap 800g, 1 Kanga of 3M (Kitenge Type), 1 Solar Lamp/Torch Small Size, 12 Reusable Pads(Afrpad/Unipad), 6 Underwear(Elastic M&L Size), 1 Plastic Comb Small Size and 1 Nail Cutter	Kit	400				
2	Staff T-Shirt Branded with Org/Donor Logo	pc	24				
3	Staff Shoulder bags Branded with Org/Donor Logo	Pc	24				
4	Staff Round cap Branded with Org/Donor Log	Pc	24				
5	Staff hats Branded with Org/Donor Logo	Pc	24				
6	Care Group Volunteers T-Shirt Branded with Org/Donor Logo	pc	80				
7	CGVs Round Caps Branded with Org/Donor Logo	pc	80				
8	CGV Hats Branded with Org/Donor Logo	pc	80				
9	CGVs Shoulder bags Branded with Org/Donor Logo	pc	80				
10	Neighbor Women Rampers Branded with Org/Donor Logo	pc	400				
11	Neighbor Men Shirts Branded with Org/Donor Logo	pc	45				
12	Laundry Washing Soaps of 600g	box	20				
13	NG sitting mats Branded with Org/Donor Logo	pc	60				
14	White Sugar (10kgs)	bag	100				
15	Lipton Tea Leaf	Box	10				
16	Local coffee Seeds	Kg	100				
17	MTA branded Empty jerecans with Org/Donor Logo	pc	60				
Total							

Terms and Conditions

- 1 Samples may be required before bulky deliveries, MTA does not cover cost of samples delivery
- 2 Delay after agreed delivery period will attract for penalty compounded each day for maximum of 7 days
- 3 MTA shall penalize a supplier involved in a fraudulent act

Provide the following details in your quotation, or fill out this form, stamped and return together with your quotation

- 1 Quote Validity
- 2 Payment terms
- 3 Warranty
- 4 Delivery Period

For MTA

For Supplier

RFQ Authorized by: (LOGISTICIAN)

Name _Wani Chaplain Michael.

Title ___ Logistics Officer.

Signature _____

Date _04th October 2023

Contact No._(0) 988 144 802/(0) 922 925 851



Quotation Approved by

Name _____

Title _____

Signature _____

Date _____

Contact No. _____



MISSION TRUST AID



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Table with 8 columns: S#, Item and Description, UOM, QTY, Unit Price, Total Price, Package type, Package Qty. Contains 12 rows of items and a total row.

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