

Health Action Africa South Sudan-HAA

Head Office | Gudele I, Along Rock City Road | Behind Lou Clinic

807

REQUEST FOR QUOTATION	Date Issue:	27/4/2022		
	Clossing Date:	4/5/2022		
(RFQ)	Procurement Pla lot ref:			
Due to strick Covid-19 measures, all quarries on this				
Quotation can ONLY be Send through these email	prologic.healthactionafrica.org@gmail.co			
addresses to contact the contracting Authority:				

Please note that the Quotation MUST CLEARLY be typed and may Only be send by email and NO hand delivery.

HEALTH ACTION AFRICA INVITES YOU TO SUBMIT A QUOTATION FOR THE FOLLOWING GOODS, IN THE BELOW TABLE

	Description	Qty	Currency		Latest	County of	After
Item			Unit Price	Total Price	Delivery Date	Origin, (If Required)	Sale/Instal lation (If Required)
1	Supply of Fecal Analyzer Model AVE-562	1 Pc	-				,
-							
Total	Total Price for all the items						
Delivery							
Value Added Tax (VAT)							
Total Price Incl. VAT and Delivery							
Validity of Quotation							

Signati	ure a	na S	tamp:

Signed By

The Contractor

Name of Company

Address

Telephone Number

E-mail

Name of Contact Person

Date

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prologic.healthactionafrica.org@gmail.com

27 APR 2022



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Item	Description	Qty	Unit	Total	Delivery	Origin, (If	Sale/Instal lation (If
			Price	Price	Date	Required)	Required)
1	Supply of Urine analyzer Model FL401	1 Pc					
-							
-							
-	Total Price for all the items						
Delivery							
Value Added Tax (VAT)							
-	Total Price Incl. VAT and Delivery						
Validity of Quotation				1			

Signature and Stamp:

Signed By

The Contractor

Name of Company

Address

Telephone Number

E-mail

Name of Contact Person

Date

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Item			Unit Price	Total Price	Delivery Date	Origin, (If Required)	Sale/Instal lation (If Required)
1	Supply of Hematology analyzer; Model Mind ray BC 2800	1 Pc					
×							
-	Total Price for all the items						
-	Delivery		-				
NAME AND POST OFFICE ADDRESS OF THE PARTY OF	Value Added Tax (VAT)						
-	Total Price Incl. VAT and Delivery						
validit	Validity of Quotation						

Signature and Stamp:

Signed By

The Contractor

Name of Company

Address Telephone Number

E-mail

Name of Contact Person

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