

## **Health Action Africa South Sudan-HAA**

Head Office | Gudele I, Along Rock City Road | Behind Lou Clinic E-mail: <u>healthactionafrica@gmail.com</u> | <u>info@healthactionafrica.org</u>

| <b>REQUEST FOR QUOTATION</b> | Date Issue:              | 8/20/2021<br>9/3/2021 |  |
|------------------------------|--------------------------|-----------------------|--|
|                              | Clossing Date:           |                       |  |
| (RFQ)                        | Procurement Pla lot ref: |                       |  |

Due to strick Covid-19 measures, all quarries on this Quation can ONLY be Send through these email addresses to contact the contracting Authority:

prologic.healthactionafrica.org@gmail.com

500

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

HEALTH ACTION AFRICA IS LOOKING FOR PROMINENT AND REPUTABLE DITRIBUTOR/SUPPLIER OF DRUGS FOR ITS 2021-2022 PROGRAMS

| ltem     | Description  | Packagin<br>g | Currency (USD) |                |                         | County of                | After                                  |
|----------|--|---------------|----------------|----------------|-------------------------|--------------------------|--|
|          |  |               | Unit Price     | Total<br>Price | Latest<br>Delivery Date | Origin, (If<br>Required) | Sale/Installat<br>ion (If<br>Required) |
|          | Supply of Anti-Biotics Drugs   |               |                |                |                         |                          |  |
| 1        | Ceftriaxone Injection (20,000 dozes). < <b>Epiry date must be</b><br>between June 2023 to Dec 2023>                                |               |                |                |                         |                          |  |
| 2        | Azithromycin 250mg/500mg tabs (5,000 dozes). < <b>Epiry date</b><br>must be between June 2023 to Dec 2023>                         |               |                |                |                         |                          |  |
| 3        | Ampicillin Injection 125my/250mg (5,000 dozes). <b><epiry b="" date<=""><br/>must be between June 2023 to Dec 2023&gt;</epiry></b> |               |                |                |                         |                          |  |
| 4        | Benzthnpencine Injection (5,000 dozes). <epiry be<br="" date="" must="">between June 2023 to Dec 2023&gt;</epiry>                  |               |                |                |                         |                          |  |
| 5        | Ampiclox Caps 250mg/500mg (5,000 dozes). <epiry be<br="" date="" must="">between June 2023 to Dec 2023&gt;</epiry>                 |               |                |                |                         | Shi yes                  |  |
| 6        | Gentamycin Injection 40mg/80mg (5,000 dozes). < <b>Epiry date</b><br>must be between June 2023 to Dec 2023>                        |               |                |                |                         |                          |  |
|          |  |               |                |                |                         |                          |  |
|          |  |               |                |                |                         |                          |  |
| fotal P  | ice for all the items  |               |                |                |                         | and the second           |  |
| Deliver  | /  |               |                |                |                         |                          |  |
| /alue A  | dded Tax (VAT)   |               |                |                |                         |                          |  |
| Total P  | ice Incl. VAT and Delivery   |               |                |                |                         |                          |  |
| /alidity | of Quotation   |               |                |                |                         |                          |  |

Signature and Stamp:

Signed By The Contractor Name of Company Address Telephone Number E-mail Name of Contact Person Date

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