

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.
	GAR00'99

Item	Qty.	Unit	Description	Price per Unit	Extended Price	Terms of payment	Delivery schedule	Warranty	Validity of offer	Origin of Goods
1	3	ass roo	REHABILITATION OF 3 CLASSROOMS							
2			FOR AGARAN PRIMARY SCHOOL INAGARAN VILLAGE GALKAYO							
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Insurance+Shipping+Handling

VAT ...%

TOTAL:

Additional information attached
(please check box if true)

Delivery Address:

Agaran Village, Galkayo

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...):