PRICE Quotation Form

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| **Name of Bidder:** |  |
| **Date of the quotation:** | Click here to enter a date. |
| **Request for quotation Nº:** | UNFPA/MDA/RFQ/2021/003 - Personal Protective Equipment (PPE) for healthcare personnel |
| **Currency of quotation:** | USD |
| **Validity of quotation:**  *(The quotation shall be valid for a period of at least 3 months after the submission deadline.)* |  |

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| **Price Quotation Form** | | | | | |
| Item | Product Name & Description | UOM | Unit Price | Number of Units | Total  (USD) |
| 1 | Surgical Mask, type IIR, disposable | each |  | 90,000 |  |
| 2 | Face Shield, reusable | each |  | 3,000 |  |
| 3 | Gloves, medical examination, long cuff, nitrile, powder free, non-sterile | each |  | 70,600 |  |
| 4 | Transportation and delivery of the Personal Protective Equipment to the Institute of Mother and Child (str. Burebista 93, mun. Chișinău) | Lump sum |  | 1 |  |
| GRAND TOTAL | | | | |  |

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| **Other information pertaining to the Quotation** | **Your Responses** | | |
| **Yes, we will comply** | **No, we cannot comply** | **If you cannot comply, please indicate the counter proposal** |
| Latest Expected Delivery Date: **5 working days** from the issuance of the Purchase Order (PO) |  |  |  |

*Vendor’s Comments:*

I hereby certify that the company mentioned above, which I am duly authorized to sign for, has reviewed RFQ UNFPA/MDA/RFQ/2021/003 including all annexes, amendments to the RFQ document (if applicable) and the responses provided by UNFPA on clarification questions from the prospective service providers. Further, the company accepts the General Conditions of Contract for UNFPA and we will abide by this quotation until it expires.

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|  | Click here to enter a date. |  |
| Name and title | Date and place | |