



ALIGHT REQUEST FOR QUOTATION

Procurement Request Number(s)	PR-SUD-ED-2024-252	RFQ Issue Date:	April 2 2024				
	Provision of Oxygen Clynder filler Device for -Eldaein Hosoyal.	Quotation Due Date:	April 7 2024				
		Lead Logistics Staff:	Mohamed Habiballah				
SUPPLIER INFORMATION:		RETURN QUOTATION TO:					
Vendor Name:	ALIGHT SUDAN PROGRAM.(FORMERLY AMERICAN REFUGEE COMMITTEE)						
Point of Contact:		Point of Contact:	Mohamed Rabih Adam				
E-mail:		E-mail:	m.rabih@wearealight.org				
Phone:		Phone:					
Mobile:		Mobile:	912888934 /123718983				
Address:		Address:	Alight Office, Hay Alsafa -Eldaein -East Darfur State				
Date items required by:							
Delivery address:		Alight warehouse, Hay Alsafa -Eldaein -East Darfur State					
Means of delivery:							
Payment terms:							
				Supplier to Complete			
Line item no.	Description of Goods / Services <small>(Add attachment with detailed technical specs as needed)</small>	Unit / Form	Quantity Requested	Currency	Unit Price	Total Price (Formula)	Availability date
1	Provision of Oxygen Clynder filler Device for East Darur Hosoyal. with below specifications	Device	1	USD			
	Oxygeen filling Compressor,12m3/hr capacity, @ 150 Bar,with Oxygenmanifold,4cylinders capacity,with all necessary controls,can fill up to 48 cylinders per day of 6 m3 capacity.						
<small>Additional lines can be added as needed, or continue on another sheet.</small>				Subtotal			
				VAT (if applicable)			
				Delivery charge (if applicable)			
				Other charges (if applicable)			
Additional information required from supplier:				TOTAL			
[1] Quote validity period (days)							
[2] Possible alternatives if exact goods are unavailable							
[3] Delivery lead time (days) from signed PO/Contract							
[4]							
Vendor Confirmation				Vendor Stamp			
Name:							
Title:							
Signature:							
Date:							

