	MERCY	CORPS	'country	name'
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Address Line 1

Poguest for Quetation

1	MERC)	
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Address Line 2			Request for Quotation				Quotation Due by (Date):				
Name of supplier:		er:				1	Date		PR No.		
Registr	ation or	Tax Ide	entification Number:			1			PR153006		
Item	Qty.	Unit	Description	Price per Unit	Extended Price	Terms of payment	Delivery schedule	Warranty	Validity of offer	Origin of Goods	
1	5	month	Hiring consultant to provider practical training for selected FSP staff to train and mobilise a team of skilled MSME Relationship Managers					1			
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			Insurance+9	Shipping+Handling							
				VAT%		Additional information attached					
			ns are different or more detailed than the ones listed in the RFQ, a separate written Quote must be	TOTAL:	<u></u>	_		(please check box if tru	true)		
			vendor instead of this RFQ. The Quote must include at least all information requested in this RFQ.		Delivery Address: Kassala						
Name:			d By: (Address, Contact Information, Stamp and Signature) Supplier must provide Name/Title/Sig Title:		ture/Contact information and/or Stamp (or RFQ will not Signature:			ot be considered) Stamp:			
Contac	t Informa	ation (pr	phone):								
For M	ercy C	orps u:	se ONLY:	Collected by (stat	if 1):		·				
	Verbal (Quotatic	ion (check box if applicable)								
	(for Verbal Quotation, complete Names, Titles & Signatures on the right side)				Collected by (staff 2):						
Verbal quotation may be used only under specific circumstances (see FP3). The name, title and phone number of the supplier who communicated the quotation MUST BE WRITTEN by MC staff in the "Official Quote Provided by" cell. A Verbal											
	quotation should NOT be signed by the supplier.				Approved by (Head of Operations):						

Purchase Request Linked Form May 2024 FP3 ver3.1 and HP3