

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.

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							
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

Insurance+Shipping+Handling

VAT ...%

TOTAL:

Delivery Address:

Kassala



Additional information attached

(please check box if true)

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...):

For Mercy Corps use ONLY:

☐ Verbal Quotation (check box if applicable)

(for Verbal Quotation, complete Names, Titles & Signatures on the right side)

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.

Collected by (staff 1):

Collected by (staff 2):

Approved by (Head of Operations):