MERCY Address I Address I	Line 1	S 'count	Request for Quotation				Quotation Due by (Date):		□ W N	MERCY	
Name of supplier: Registration or Tax Ide								Date	PR	R No.	
			ntification Number:						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											

Insurance+Shipping+Handling

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) ---

VAT ...%

TOTAL:

Delivery Address:

Signature:

Agaran Village, Galkayo

Additional information attached (please check box if true)

Stamp:

18 19 20

Contact Information (phone...):

If the specifications are different or more detailed than the ones listed in the RFQ, a separate written Quote must be

provided by the vendor instead of this RFQ. The Quote must include at least all information requested in this RFQ.

Title: