



Request for Quotation

Please complete, sign, stamp and return to: **Welthungerhilfe**

RFQ No:	<u>LBN 1005-RFQ-034-BEI</u>	Address:	Damascus Road, Mathaf, Berytech Bldg, 7th floor
RFQ Date:	<u>14-Aug-24</u>	City:	Beirut, Lebanon
Offer Deadline:	<u>28-Aug-24</u>	Tel/Fax No:	+961 1 612 500 Ext: 3222
		E-mail:	procurement.lebanon@welthungerhilfe.de

Supplier Name:		Offer Currency
Attention:		USD
Tel /Fax No:		

Welthungerhilfe renounces all forms of terrorism and will never knowingly support, tolerate or encourage terrorism or the activities of those who embrace terrorism or money laundering. Consistent with numerous United Nations Security Council resolutions, including S/RES/1269(1999), S/RES 1368(2001) and S/RES1373(2001) and the European Union, Welthungerhilfe is firmly committed to the international fight against terrorism and in particular against the financing of terrorism. It is the policy of Welthungerhilfe to seek to ensure that none of its and its donor funds are used, directly or indirectly, to provide support to individuals or entities associated with terrorism or money laundering. Therefore, Welthungerhilfe will match their suppliers and Service providers against the Sanctions lists on a regular basis. By submitting an offer, suppliers and service providers agree to this.

QUANTITY	UNIT	DESCRIPTION-SPECIFICATION	UNIT PRICE	PRODUCT TOTAL	REMARKS
15	Day	MEAL Trainer for WHH partner JP11 for 15 days starting September 2024		\$ -	
Offered Guaranteed Delivery Date:			Sub Total:	\$ -	
Offer Date:			Delivery Cost:		
Offer Validity:			Tax:	\$ -	
Supplier Stamp			Others:		
			Discount:		
Supplier Signature			Grand Total:	\$ -	

(Date on which the supplier guarantees that the goods will be ready for collection or delivered, if ordered)

Date: *Supplier to insert date*
 Supplier Signature: *Supplier to sign*
 Supplier Name: *Name of authorising officer from Supplier who signed*
 Supplier Official Stamp: *Supplier to stamp*

Sub Total: *Leave blank - This will be completed by the supplier*
 Delivery: *Leave blank - This will be completed by the supplier*
 Tax: *Leave blank - This will be completed by the supplier*
 Others: (Please specify) *Leave blank - This will be completed by the supplier*
 Grand Total: *Leave blank - This will be completed by the supplier*

Signed: The Inquiry form must be signed by the Project manager/ Logistician or other person delegated by the CD
 Last date for receipt of offers: Enter the last day on which you will consider quotations (if required)