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| **QUOTATION FORM** | | | | | |
|  |  |  |  |  |  |
| **Date :** ……. / ……. / ……. | | **Category: Rehabilitation for centers** | |  | |
| **Validity :** | | **PR# 390** | |  | |
|  |  |  |  |  |  |
| **N°** | **Description** | | **Unit** | **Unit Price** | **Currency** |
| **1** | **Rehabilitation for Shift center** | | **1** |  |  |
| **2** | **Rehabilitation for Mina Center** | | **1** |  |  |
| **3** | **Rehabilitation for Jabal Mohsen Center** | | **1** |  |  |
| **4** | **Rehabilitation for Ayrounieh Center** | | **1** |  |  |
| **5** | **Rehabilitation for Baddawi Center** | | **1** |  |  |
| **6** | **Rehabilitation for Mankoubine Center** | | **1** |  |  |
| **7** | **Rehabilitation for Aica Jabal Mohsen Center** | | **1** |  |  |
| **8** |  | |  |  |  |
| **9** |  | |  |  |  |
| **10** |  | |  |  |  |
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|  | **Name of the company:** |  |  |  |  |
|  | **Contact person:** |  | **Stamp:** |  |  |
|  |  |  |  |  |  |
|  | **E-mail:** |  |  |  |  |
|  |  |  |  |  |  |
|  | **Address:** |  | **Phone number:** | |  |
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