## Request for Quotation

|  | FROM: | LECORVAW |
| :--- | :--- | :---: |
|  | Address 1: | Amine Mokaddem Street |
|  | Address 2: |  |
|  | City: | Tripoli |
|  | Country: | Lebanon |
|  | Phone \#: | +961 6 624060 |
|  | E-mail: | Info@lecorvaw.org |


|  | TO: | [Please Insert Here] |
| :--- | :--- | :--- |
|  | Address 1: | [Please Insert Here] |
|  | Address 2: | [Please Insert Here] |
|  | City: | [Please Insert Here] |
|  | Country: | [Please Insert Here] |
|  | Phone \#: | [Please Insert Here] |
|  | E-mail: | [Please Insert Here] |

LECORVAW hereby request you to submit price quotation(s) for the supply of the item(s) listed below:

| Request for Quotation Details |  |  |  |
| :--- | :--- | :--- | :---: |
| RFQ \#: | RFQ/LECORVAW/2023/008 | Currency of Bid (3-letter code): | USD |
| RFQ Issuing Date: | 11 April 2023 | Bid Validity Period (days): | 1 Month |
| RFQ Closing Date: | 09 May 2023 | Required Delivery Date: | 1 June 2023 |
| RFQ Closing Time: | 4:00 PM | Required Delivery Destination: | Tripoli |
| Method of <br> Payment: | Bank Transfer/Letter | Other Comments: |  |


| For LECORVAW to Complete |  |  |  | For Supplier to Complete |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Item \# | Description | Unit/ <br> Measure | Quantity <br> Required | Quantity Offered | Unit Price | Total Price |
| 1 | Car Type: SUV <br> Engine Detail: Minimum 2.0-4 Cylinders <br> Year of Production: 2020-2021 <br> Mileage : Maximum 50000 km <br> Additional information: Dual Airbags - GPS <br> - Automatic - Possibility to post a scticker. | Car | 01 | [Please Insert Here] | [Please Insert Here] | [Please Insert Here] |
| Remarks:[Please Insert Here] |  | Total Amount (without VAT) |  |  |  | [Please Insert Here] |
|  |  | VAT Amount (if applicable) |  |  |  | [Please Insert Here] |
|  |  | Total Amount (Including VAT) |  |  |  | [Please Insert Here] |

Delivery Lead Time (from receipt of LECORVAW Purchase Order): [Please Insert Here] Calendar Days
Bid Validity Period: [Please Insert Here]Calendar Days
Preferred Method of Payment: [Please Insert Here]
I certify that the above mentioned company has not engaged in corrupt, fraudulent, collusive, or coercive practices in competing for, or in executing, any Contracts.

Date: [Please Insert Here]
Name: [Please Insert Here]

Title: [Please Insert Here]
Signed: [Please Insert Here]

