



REQUEST FOR QUOTATION

Date RFQ sent out:	6-Feb-24
Response deadline (day+ hour + Time zone):	22-Feb

RFQ #	Hygiene Kit001
PR #	

Vendor's information: for vendor to fill in	
Vendor Name:	
Contact name & Title:	
E-mail:	
Phone / Fax:	
Address:	

Union Relief & Development Associations	
Contact Name:	Jana Manasfi
Title:	Procurement Officer
E-mail:	urda.procurement@urda.org.lb
Phone / Fax:	71679710
Address:	Khalde, behind Al Rammal supermarket, Al Anwar bldg. Ground floor. Mount Lebanon

Date goods/services required by:	
Delivery address:	
Delivery method (if applicable)/ Incoterm:	
Payments Terms	

Number of samples required:	1
Kitting required (If yes provide details below):	

For vendor's to fill in								
Line Item	Description	Quantity requested	Unit of Measure	Currency	Unit Price	Total Price	Quantity Available (in Unit or %)	# of days needed to complete remaining quantity
1	Liquid Hand Soap 500 ml	1	unit	USD	\$ -	\$ -		
2	Shampoo 1L	1	unit	USD	\$ -	\$ -		
3	Body soap 125g	1	unit	USD	\$ -	\$ -		
4	Washing Soap	1	unit	USD	\$ -	\$ -		
5	Laundry Detergent 1.5kg	1	unit	USD	\$ -	\$ -		
6	Toothpaste 50 ml	1	unit	USD	\$ -	\$ -		
7	Tooth Brush	1	unit	USD	\$ -	\$ -		
8	Comb	1	unit	USD	\$ -	\$ -		
9	Cutter Nail	1	unit	USD	\$ -	\$ -		
10	Loofa Body	1	unit	USD	\$ -	\$ -		
11	Towel Thin	1	unit	USD	\$ -	\$ -		
12	Hand Sanitizer 60ml	1	unit	USD	\$ -	\$ -		
13	Wipes (small size)	1	unit	USD	\$ -	\$ -		
14	Women Pad	1	unit	USD	\$ -	\$ -		
15	Packing	1	unit	USD	\$ -	\$ -		
Sub total						\$ -		
Delivery charge (if applicable)						\$ -		
Shipping insurance cost (if applicable)						\$ -		
Taxes (if applicable)						\$ -	LBP	-
Discount						0.00%		
TOTAL + VAT						USD	\$ -	

Validity of the quotation:	0
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INCOTERM (if different from the one requested)	NA
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Partial Quotation : Union Relief & Development Association **May Not** consider a partial quotation.

Union Relief & Development Associations main selection criteria is based on best value for money including : vendor's eligibility / meeting minimum technical criteria / delivery time lines / price / shelf life / warranty / after sale support / and other, as applicable to the individual transaction

Additional information required: **Delivery Location:**

Supplier's offer confirmation: by signing this document I acknowledge that I have reviewed and accepted all instructions below and I am authorized to present offer on behalf supplier

Name	
Title	
Signature	

Supplier stamp



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