



**KNCV NIGERIA  
REQUEST FOR QUOTATION**

PO#: \_\_\_\_\_

TODAY'S DATE: 06/02/2024

RETURN QUOTE TO KNCV TBC BY DATE: \_\_\_\_\_

TO:  
ATTN:  
Address:

RETURN TO: KNCV Tuberculosis Foundation  
ATTN:

Telephone :  
Email:

Telephone:  
Email:

**ITEMS REQUESTED**

Item No.	QTY	Detailed Description of Item:	Unit Price	Total Price (NGN)
1	448 Packs	KN95 Respirators (10pcs/packs)		
2	374 Packs	Powder Free Latex Gloves (Large, Medium and small sizes ) (100pcs/packs)		
3	416 Rolls	Paper Towel (Vicky)		
4	320 Bottles	Bleach (Hypo) 1L		
5	19 Cartons	Stool Universal Containers with spoon (400/carton)		
6	16 Packs	Plastic Pasteur pipettes (NON sterile 500 per pack)		
7	170 Packs	Sodium Chloride Salt (100g)		
8	170 Packs	Filter Paper (Whatman 110cm diameter) 1*100 per pack		
9	76 pcs	Sharpie Maker		
10	140 Bins	Waste bins (10ml)		
11	140 Rolls	Biohazard Bags (Red Biohazard)		
12	668 Rolls	Bin Bags (Rolls)		

Vendor to provide quotation for item(s) on this RFQ - all amounts shall be inclusive of withholding tax as this shall be deducted at the point of payment (Minimum of 5-10% WHT). Selected vendor to provide company account details (No personal account detail shall be honoured)

Date Quotation Valid Through: \_\_\_\_\_

*Vendor quotations will not be accepted unless all requested information has been provided, the Request for Quotation is signed, and the Vendor Information Form is completed (see Attached form).*

<b>SUBTOTAL</b>	<b>NGN</b>	<b>-</b>
	<b>NGN</b>	<b>-</b>

**Request for Quotation Issued By: (KNCV Nigeria staff member)**

Name: \_\_\_\_\_ Title: Procurement Officer Signature: \_\_\_\_\_ Date:06/02/2024 \_\_\_\_\_

**Quotation Provided By: (Vendor representative)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: 06/02/2024 \_\_\_\_\_

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