



**KNCV NIGERIA  
REQUEST FOR QUOTATION**

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

TODAY'S DATE: 05/02/2024

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

TO:  
ATTN:

Address:

Telephone :  
Email:

RETURN TO: KNCV Tuberculosis Foundation  
ATTN:

Telephone:  
Email:

**ITEMS REQUESTED**

Item No.	QTY	Detailed Description of Item:	Unit Price	Total Price (NGN)
1	7	Dell Latitude E5440, 16gb Ram,256ssd, window 11Pro, Backlit, Wireless LAN/Ethernet port, webcam		

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>NGN</b>	-

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

Name: \_\_\_\_\_ Title: Procurement Officer Signature: \_\_\_\_\_ Date:05/02/2024\_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date:05/02/2024\_\_\_\_\_