



# ALIGHT REQUEST FOR QUOTATION

<b>Procurement Request Number(s)</b>	PR-SUD-ED-2024-331	RFQ Issue Date:	23/05/2024				
	Provision of Essential Drugs	Quotation Due Date:	June 6 2024				
		Lead Logistics Staff:	Mohamed Habiballah				
<b>SUPPLIER INFORMATION:</b>				<b>RETURN QUOTATION TO:</b>			
Vendor Name:				ALIGHT SUDAN PROGRAM.( FORMERLY AMERICAN REFUGEE COMMITTEE)			
Point of Contact:				Point of Contact:	Mohamed Rabih Adam		
E-mail:				E-mail:	<a href="mailto:m.rabih@wearealight.org">m.rabih@wearealight.org</a>		
Phone:				Phone:			
Mobile:				Mobile:	0912888934 / 0123718983		
Address:				Address:	Alight Office, Hay Alsafa -Eldaein -East Darfur State		
Date items required by:							
Delivery address:				Alight warehouse, Hay Alsafa -Eldaein -East Darfur State			
Means of delivery:							
Payment terms:							
						<b>Supplier to Complete</b>	
Line item no.	Description of Goods / Services <small>(Add attachment with detailed technical specs as needed)</small>	Unit / Form	Quantity Requested	Currency	Unit Price	Total Price (Formula)	Availability date
	Provision of Essential Drugs to ALIGHT- ED Office						
	see the attached list						
<small>Additional lines can be added as needed, or continue on another sheet.</small>						<b>Subtotal</b>	
						VAT (if applicable)	
						Delivery charge (if applicable)	
						Other charges (if applicable)	
<b>Additional information required from supplier:</b>						<b>TOTAL</b>	
[1] Quote validity period (days)							
[2] Possible alternatives if exact goods are unavailable							
[3] Delivery lead time (days) from signed PO/Contract							
[4]							
<b>Vendor Confirmation</b>				<b>Vendor Stamp</b>			
Name:							
Title:							
Signature:							
Date:							

