

WR BID FORM – Invitation To Bid (ITB)

SUPPLY OF MEDICAL DRUGS – WEST DARFUR - GENEINA

<i>WR to complete</i>				<i>Bidder to complete</i>	
Ser	Item Required	Unit of Measure	Quantity required	Unit price	Total Price
1	Coartem 80\480	Strip	3000		
2	Coartem 20\120	Strip	3000		
3	Amoxicillin 125mg	Bottle	4200		
4	Amoxicillin 250mg	Bottle	4200		
5	Co-trimoxazole 240mg	Bottle	3400		
6	Co-trimaxazole 480mg	Strip	6000		
7	Paracetamol 120mg	Bottle	5000		
8	Metronidazole 200mg	Bottle	4000		
9	Metronidazole 500mg	Strip	4800		
10	Gauze sterile	Box	200		
11	Dextrose 5%	Bottle	4800		
12	Dextrose & normal saline	Bottle	1000		
13	Normal saline	Bottle	1000		
14	Ringer lactate	Bottle	1000		
15	Amoxicillin 500	Strip	6000		

16	Ibuprofen 400mg	Strip	4800		
17	Canula Size 22	Pcs	4800		
18	Canula Size 24	Pcs	4800		
19	Diclofenac 75mg	amp	960		
20	chlorphenamine 2mg	amp	960		
21	Benzyl penicillin	Vial	9600		
22	Hyosine 20mg	amp	960		
23	Cotton wool	Pcs	280		
24	Examination glooves	Box	280		
25	Tetracycline ointment	Pcs	4800		
26	Fefol caps	Strip	2400		
27	Ciprofloxacin	Strip	2400		
28	RDT for Malaria	Box	600		
29	Zinc syrup	Bottle	4000		
30	Ibuprofen 100mg Syrup	Bottle	4000		
31	Folic acid 5mg	Strip	10,000		
32	chlorphenamine 4mg	Strip	2400		
33	chlorphenamine 2mg	Bottle	3800		
34	Hyosine 20mg tabs	Strip	3400		

35	Amilyn Expectorant	Bottle	3200		
36	Amilyn pedatric	Bottle	3200		
Grand total					

<p>Required Delivery Date: 30 days after signing agreement</p> <p>Required Delivery Destination: Geneina</p> <p>Bid validity: 30 days</p>	<p>Offered Delivery Date:</p> <p>Offered Delivery Destination:</p> <p>This Bid is valid for: _____ days</p>
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Vendor information

<p>Company name:</p> <p>Address:</p> <p>A duly authorized company representative:</p> <p>Signature:</p>	<p>Contact person:</p> <p>Phone No:</p> <p>Email address:</p> <p>Title/Position:</p> <p>Date:</p>
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Please stamp this Bid Form with your Company Stamp