



# ALIGHT REQUEST FOR QUOTATION

Procurement Request Number(s)	PR-SUD-GAD-2024-200-27276	RFQ Issue Date:	Wednesday, August 14, 2024				
		Quotation Due Date:	Monday, August 19, 2024				
		Lead Logistics Staff:	Ahmed Bushara				
SUPPLIER INFORMATION:				RETURN QUOTATION TO:			
Vendor Name:		ALIGHT SUDAN PROGRAM.( FORMERLY AMERICAN REFUGEE COMMITTEE)					
Point of Contact:		Point of Contact:	Ahmed Bushara				
E-mail:		E-mail:	<a href="mailto:Ahmedy@wearealight.org">Ahmedy@wearealight.org</a>				
Phone:		Phone:	249917200643				
Mobile:		Mobile:	249117448537				
Address:		Address:	Gadarif, Daim Hamad close to Zakat Office				
Date items required by:							
Delivery address:							
Means of delivery:							
Payment terms:							
				Supplier to Complete			
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
1	Amoxicillin 500 mg	caps	20,000				
2	Azithromycin 500 mg	tabs	6,000				
3	ferrous sulphate +folic acid	caps	12,000				
4	Folic acid 5 mg	tabs	12,000				
5	Metronidazole 250 mg	tabs	5,000				
6	Metronidazole 200 mg syrup	bottle	300				
7	Amlodipine 5 mg	tabs	9,000				
8	Amlodipine 10 mg	tabs	3,000				
9	Glimepiride 2 mg	tabs	3000				
10	Glimepiride 4 mg	tabs	9000				
11	Paracetamol 120 mg/5 ml susp	bottle	200				
12	Disposable syringe 5 ml	pcs	2,000				
13	Azithromycin 250 mg	tabs	6,000				
14	Benzyl penicillin 1G	vial	500				
15	DNS infusion	bottle	200				
16	O.R.S	sachet	500				
17	Zinc oxide plaster	roll	200				
18	Cefixime 100 mg/ml	bottle	100				
19	Cefixime 400 mg	caps	600				
20	Chlorpheniramine 4 mg	tabs	3000				
21	Ibuprofen 400 mg	tabs	4000				
22	Sodium chloride 0.9% infusion	bottle	200				
23	Disposable syringe 3 ml	pcs	3000				
24	Mebendazole 100 mg tabs	tabs	600				
25	Mebendazole susp	bottle	50				
26	Praziquantel 600 mg tabs	tabs	320				
27	Amoxicillin 250 mg caps	caps	10000				
28	Multivitamin syrup	bottle	120				
29	Iron syrup	bottle	100				
30	Omeprazole 20 mg	caps	700				
31	Azithromycin 15 mg/5 ml susp	bottle	150				
32	Cough syrup adult exp	bottle	200				
33	Cough syrup pediatric	bottle	200				
34	Amoxicillin 500 mg +clavulanic acid 125 mg	tabs	1600				
35	Amoxicillin 875 mg +clavulanic acid 125 mg	tabs	700				
36	Water for inj 5 ml	amp	100				
37	Insulin mixed	vial	50				
38	Zinc sulphate syrup	bottle	200				
39	Calmine lotion 100 ml	bottle	48				
40	Benzyl benzoate 100 ml	bottle	48				
41	Silver cream	tube	30				
42	Ibuprofen 100 mg/5 ml susp	bottle	200				
43	Ciprofloxacin 500 mg tabs	tabs	3000				
44	Metformin 850 mg	tabs	1000				
45	Vitamin B-complex	tabs	2000				
46	Mefenamic acid 500 mg	tabs	3000				
47	Pantoprazole 40 mg inj	vial	50				
48	Chlorpheniramine inj	amp	50				
49	Ringer lactate infusion	bottle	200				
Additional information required from supplier:							TOTAL
Delivery charge (if applicable)							
Other charges (if applicable)							
Vendor Confirmation							Vendor Stamp
Name:							
Title:							
Signature:							
Date:							

