

COUNTY GOVERNMENT OF KISUMU



REQUEST FOR QUOTATION

To:
Seller's Name and Address:

Quotation No: **KSM/KCRH/SCM/17/2020/2021**
Date: 3RD /2/2021

From:
Buyer's Designation and Address
KISUMU COUNTY AND REFERRAL HOSPITAL
P.O.BOX 1818-4100

You are invited to submit quotation on materials listed below:

Note:

- (a) THIS IS NOT AN ORDER. Read the conditions and instructions on reverse before quoting.
- (b) This quotation should be submitted in a plain wax sealed envelope marked "Quotation NO: **KSM/KCRH/SCM/17/2020/2021– supply & installation and commissioning of Mobile Ultrasound Machine complete with a printer** be addressed to reach the buyer or be placed in the Quotation /Tender box not later than **12:00 noon on 13. 2.2021.**
- (c) Your quotation should indicate final unit price which includes all costs for delivery, discount, duty and sales tax
- (d) Return the original copy and retain the duplicate for your record.

CODE NO	ITEM DESCRIPTION	QUANTITY REQUIRED	UNIT PRICE	TOTAL COST	DAYS TO DELIVERY	BRAND/ MAKE	COUNTRY OF ORIGIN	REMARK
1	Please supply, Deliver, install and commission Mobile Ultrasound Machine complete with a printer (with Specifications as attached below)	1						

NB: Please attach the following; copy of certificate of registration, copy of Single Business permit, tax PIN certificate, company profile, valid tax compliance certificate and a copy of certificate of registration with relevant regulatory bodies and a fully filled questionnaire attached.

FOR OFFICIAL USE ONLY

Seller signature.....
Date:

Opened by: (1).....Designation.....Signature.....
(2).....DesignationSignature.....
(3).....Designation.....Signature.....
(4)..... .Designation..... Signature.....
DATE.....TIME.....