**PRICE QUOTATION FORM**

|  |  |
| --- | --- |
| **Name of Bidder:** |  |
| **Date of the quotation:** |  |
| **Request for quotation Nº:** | UNFPA/BTN/RFQ/24/001 |
| **Currency of quotation:** | BTN |
| **Validity of quotation:**  *(The quotation must be valid for a period of at least 3 months after the submission deadline* | |

* Quoted rates must be **exclusive of all taxes**, since UNFPA is exempt from taxes.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item | Description | Number & Description of Staff by Level | Hourly Rate | Hours to be Committed | Total |
| 1. Professional Fees | | | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| *Total Professional Fees* | | | | | $$ |
| 1. Out-of-Pocket expenses | | | | | |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| *Total Out of Pocket Expenses* | | | | | $$ |
| ***Total Contract Price***  *(Professional Fees + Out of Pocket Expenses)* | | | | | $$ |

*Vendor’s Comments:*

I hereby certify that the company mentioned above, which I am duly authorized to sign for, has reviewed RFQ UNFPA/BTN/RFQ/24/001 including all annexes, amendments to the RFQ document (if applicable) and the responses provided by UNFPA on clarification questions from the prospective service providers. Further, the company accepts the General Conditions of Contract for UNFPA and we will abide by this quotation until it expires.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Name and title** | **Date and place** | |