



MOI GIRLS' HIGH SCHOOL-VOKOLI
PRIVATE BAG, WODANGA
TEL. NO. 0711994164
Email address-moigirlsvokoli@gmail.com

REQUEST FOR TENDER – WHOLE SALE GOODS (SALT, MATCH BOX, SOFT DRINKS, SUGAR, COOKING OIL ETC))

TENDER NO. MGV/14/26/27

TO: DATE.....

P.O. BOX

Note: You are invited to submit/Quotations for the materials as listed below.

- This is not an order. Read the conditions and instructions on the reverse before quoting
- This quotation should be submitted so as to reach the procuring entity by 9.00am on, 2026. Your quotation should include all costs of delivery of the goods including duty, tax, delivery charges to MOI GIRLS' HIGH SCHOOL – VOKOLI (where specified)

S/N	ITEM DESCRIPTION	UNIT OF MEASURE	UNIT	BRAN D	DELIVERY PERIOD	REMARKS
1	Rice Vietnam 5% Broken)	50kg bag				
2	Bar soap (Kibuyu)	1kg bar				
3	Tea Leaves	500gpkt				
4	Cooking Fat (Karibu)	17kg pail				
5	Salt (Kensalt)	1kg pail				
6	Prestige	10kg pail				
7	Steel Wool	0.75kg roll				
8	Jik	5lrt btl				
9	Sugar	50kg bag				
10	Tissue Paper (Sifa)	40roll bale				
11	Baking Powder (Chapa Mandazi)	dzns				
12	Curry Powder (Simba Mbili)	500g Tin				
13	Cocoa (Raha)	400gPCS				
14	Nobla	20kg bag				
15	Milk	Ltrs				

16	MatchBox(Rhino)	Boxes				
17	Royco	Tins				
18	Cooking Oil	20ltr bckt				
19	Cooking Sticks	pcs				
20	Mineral water	DZNs				
21	Serviettes	Pkts				
22	Pilau Masala	TINS				
23	Vinegar					

Supplier's signature

Date.....

Stamp.....

CONDITIONS

- The general condition of contract for the procurement of goods 2015 (obtainable from P.P.O Website (<https://ppra.go.ke/ppda/2015>)) apply to this transaction.
- This form properly submitted constitutes the agreement to supply or provide the goods or services shown at the price and within the delivery period stated overleaf.
- The offer shall remain firm for thirty (30) days from the closing date unless otherwise stipulated by the procuring entity
- Procuring entity reserves the right to accept any offer in part unless the contrary is stipulated by the candidate.
- Samples of offer, when required will be provided free and before the closing date of the quotation. If not destroyed during tests they will, upon request, be returned at the candidate's expense, or may be collected by the owner.

TELEPHONE NUMBERS

FAX NUMBER (S)

Email Address:Building.....

Plot NumberStreet

Name of Business

Postal Address

SECTION ONE

COMPANY PROFILE – SOLE PROPRIETORSHIP/COMPANY

NAME OF COMPANY

DIRECTORS

<u>NAME</u> ..	<u>NATIONALITY</u>	<u>ID/PASSPORT</u>
1.....		
2.....		
3.....		
4.....		

SECTION TWO

REFERENCE - THREE REFEREES

1.

2.

3.....

SECTION THREE

COMPANY CONTACT PERSONS

1. Name of Person Position

2. Name of Person Position

3. Name of Person Position

SECTION FOUR

A. SCOPE OF THE CLIENTELLE

Please LIST MAJOR CLIENTELLE companies your company serve. Atleast 10 companies. (Attach evidence of the same.

B. CUSTOMER SERVICE

(I)Do you have a dedicated customer desk?

(ii)Do you carry out customer satisfactory survey?

(iii)Do you have a customer technical back up team>

SECTION FIVE

Credit Period:

Moi Girls Vokoli would like to know your company credit facility period

- Fifteen days credit
- Thirty days credit
- Sixty days credit

Lead time (time taken after L.P.O or L.S.O has been issued to deliver goods and services

- One to Fifteen days credit
- Fifteen to Thirty days credit
- Thirty days to Sixty days credit

PROCLAMATION

- I/We have read and understood the terms and conditions of this application form and hereby state if approved, the same will be considered as terms of contract and binding terms upon us.
- I/We assert that all information submitted herein is true and correct to the best of my/our knowledge and I/We undertake to immediately inform Moi Girls' Vokoli in writing of any change of the above particulars.
- I/We agree to submit any price changes after 120 days grace period supported by change(s) in customer /market trends.
- I/We understand that I/we are liable to reimburse Moi Girls Vokoli all liability because of the wrong information submitted.

SOLE PROPRIETORSHIP

1. Name Designation..... Sign.....

PARTNERSHIP /COMPANY

DIRECTORS

1.Name Designation..... Signature.....

2.Name Designation..... Signature.....

3.NameDesignation..... Signature.....

4.NameDesignation..... Signature.....

FOR OFFICIAL USE ONLY

The documents and the form have been verified by:

Designation..... Signature..... Date.....