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

REQUEST FOR TENDER – DISPENSING DRUGS (HUMAN DRUGS)

TENDER NO. MGV/30/27

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	BRAND	DELIVERY PERIOD	REMARKS
1	Anti – Malaria (Al)	PKTS				
2	Amoxyll	TINS				
3	Azithromycin	PKTS				
4	Buscopan	TINS				
5	Brufen	PKTS				
6	Cotton Wool	ROLL				
7	Citrizine Tablets	PKTS				
8	Cough Syrup	5 LITER JERCICAN				
9	Clozole Cream	PCS				
10	Diclofenac Tablets	PKTS				
11	Diclofenac Gel	PCS				
12	Gauze	ROLL				
13	Grabacin Powder	PCS				
14	Flagyl	TINS				
15	Floxapen	PKTS				
16	Hydrocortisone Cream	PCS				

17	Loperamide	PKTS				
18	Panadol	TINS				
19	Piritons	TINS				
20	Septrin	PKTS				

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 Number ……Street ……

Name of Business ……..

Postal Address ……..

SECTION ONE

COMPANY PROFILE – SOLE PROPRIETORSHIP/COMPANY

NAME OF COMPANY ……..

DIRECTORS

NAME ..	**NATIONALITY**	**ID/PASSPORT**
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)Dou 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.
- We assert that all information submitted herein is true and correct to the best of my knowledge and I/We undertake to immediately inform Moi Girls' Vokoli in writing of any change of the above particulars.
- I agree to submit any price changes after 120 days grace period supported by change(s) in customer /market trends.
- We understand that 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.Name ……..Designation…… Signature……..

4.Name ……..Designation…… Signature……..

FOR OFFICIAL USE ONLY

The documents and the form have been verified by:

Designation…….. Signature……. Date……