



# QUOTATION REQUEST

QR \_\_\_\_\_

De : Médecins Sans Frontières

N° Tél :

To :

Address :

Phone :

Sending date to provider : \_\_\_\_\_

Goods Requested Receipt date by MSF : \_\_\_\_\_

Currency :

TOTAL COTATION :

**REMARKS :**

Payment terms :

Delivery conditions :

Item	Item description	Qty	Unit	Unit price	Total price	availability	Comments
1							
2							
3	-						
4	-						
5	-						
6	-						
7	-						
8	-						
9	-						
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11	-						
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17	-						
18	-						
19	-						
20	-						



# QUOTATION REQUEST

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Item	Item description	Qty	Unit	Unit price	Total price	availability	Comments
21	-						
22	-						
23	-						
24	-						
25	-						
26	-						
27	-						
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Item	Item description	Qty	Unit	Unit price	Total price	availability	Comments
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Item	Item description	Qty	Unit	Unit price	Total price	availability	Comments
89	-						
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