QUOTATION FORM

This form doesn't present any guarantee of purchase

Date:		**Quotation followed by**	
Order:		Name:	John Katelo
Price:		Function:	Procurement Officer
Supplier reference:			
Name:			
Address:			
Telephone:			
Email:			

reference	Description	Units	Quantity	Unit price	Total price
1	Retino scope	pc	1		
2	Handheld autorefractors	pc	1		
3	Distance VA charts (LogMAR charts, lea symbols charts,LVRC)	pc	1		
4	Colov vission charts	pc	3		
5	Contrast sensitivity charts	pc	1		
6	Bar magnifiers	Assorted	4		
7	Dome magnifiers	Assorted	5		
8	Handheld magnifiers	Assorted	10		
9	Stand magnifiers	Assorted	5		
10	Coloned filters	pcs	5		
11	Absorptive Sunglasses	pcs	5		
12	Braile machine	pcs	2		
13	White canes	pcs	10		
14	Braile printer	pcs	1		
15	Trial frsmes (adults and paeds)	pcs	2		
16	Trial lens set	set	2		
17	Spectacle magnifiers (aspleric&prismatic	pcs	60		
18	White light large magnifying glass	pcs	21		
19	Lov vision kits	set	1		
20	Portable head wearing magnifying glass	pcs	20		
			GRAND		

VALIDITY OF THE QOUTATION:		30days			
PAYMENT CONDITION:	**Cash**		**Bank Transfer**		
Date:					
Name of the supplier					