QUTOATION 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:			

Product reference	Description	Units	Quantity	Unit price	Total price
1	Gentamycin 0.3% eye drop	pcs	50		
2	Tetracycline 1% eye ointment	pcs	50		
3	Ofloxacin 0.3%	pcs	50		
4	Flourometholone	pcs	50		
5	Olapadine	pcs	50		
6	Sodium chromoglycate	pcs	50		
7	Amethocaine eye drops 5ml bottles	pcs	50		
8	Florecein strips	pcs	2		
9	Hydroxypropyl methylcellulose 2%	pcs	50		
10	Artificial tears	pcs	50		
11	Diamox tabs	pcs	50		
12	Tobramycin 0.3% Dexa 0.1% 5ml	pcs	50		
13	Dexamethasone sodium phosphate	pcs	50		
14	Pilocarpine injection 2ml	pcs	50		
	EYE CONSUMABLES				
1	Keratome knives	pcs	100		
2	Crescent knives	pcs	100		
3	9/0 nylon 6.5mm,30cm 3/8c	pcs	10		
4	4/0 silk 16mm,7cm 3/8c RB	pcs	20		
5	Visco elastic 2ml	pcs	100		
6	Visco elastic 3ml	pcs	100		
	LENSES PMMA				
1	Lenses PMMA pc 19.5D	pcs	100		
2	Lenses PMMA pc 21.0D	pcs	100		
3	Lenses PMMA pc 21.5D	pcs	100		
4	Lenses PMMA pc 22.0D	pcs	100		

5	Lenses PMMA pc 22.5D		pcs	100		
6	Lenses PMMA pc 24.5D		pcs	36		
7	Lenses PMMA pc 25.0D		pcs	36		
8	Lenses PMMA pc 26.0D		pcs	36		
9	Lenses PMMA pc 30.0D		pcs	36		
10	Lenses PMMA AC 19.0D		pcs	100		
				GRAND TOTAL		
VALIDITY OF THE QOUTATION:		30days				
PAYMENT CONDITION:	**Cash**		**Bank Transfer**			
Date:						
Name of the supplier						