

USER DEPARTMENT: Deputy Registrar - RIO

QUOTATION NO.: JOOUST/NT/RFQ00633/2024/2025

Supplier Name and Address: _____

Telephone: _____

P.O.Box: _____

Email: _____

Suppliers Signature.....

Stamp:



JARAMOGI OGINGA
ODINGA UNIVERSITY OF
SCIENCE AND
TECHNOLOGY
REQUEST FOR QUOTATION

From: Procurement Department
P.O. Box 210-40601-40601
057-2501804
www.jooust.ac.ke
Email:
Date: 17/12/2024 10:00: AM
PRN:3958

You are Invited to submit quotation on material listed below

Note: THIS IS NOT AN ORDER.

- a) Read the conditions and instructions before quoting.
- b) This quotation should be submitted in a plain wax sealed envelope " Quotation number as ABOVE for the Clearing and Forwarding Services OR **via email to : *tenders@jooust.ac.ke*** .To be addressed to reach the buyer not later than **18/12/2024 at 10:00 AM** and your quotation should indicate final unit price which includes all cost for **delivery ,Discount ,Duty and VAT and MUST remain valid for at least 30 Days.**
- c) Your quotation should include all costs for delivery of goods to **Jaramogi Oginga Odinga University of Science and Technology Central Stores.**
- d) Return one copy and retain the other for your record.
- e)The quotation submittted shall include a declaration that the person will not engage in any corrupt or fraudulent practice (Sec.62 of PP& AD,Act 2015)
- f) The quotation submitted shall include a declaration that the person or his or her subcontractors are not debarred from participating in Procurement proceedings (Sec.62 of PP& AD,Act 2015).
- g) You **MUST** indicate your terms of payment.
- h) Save for " For Official Use Only",all spaces in this quotation **MUST** be filled
- i). Supplier **MUST** attach copies of (**Registration Certificate, Valid Tax Compliance Certificate, Current trading license & Duly filled, signed and Stamped Business Questionnaire.**)

Authorized by: Procurement Officer

L	Unit	Quantity	Unit Price	Total Price	Days to Deliver	Payment Terms	Brand	Country of Origin	Remarks
Clearing and forwarding services as per attached Airway Bill.	Item	1							
Note: Your quote should be inclusive of all statutory charges (Taxes payable to KRA, KEBS etc.) and the agency fee in an itemized format.									
		TOTAL							

FOR OFFICIAL USE ONLY

OPENING COMMITTEE MEMBERS

6u5ybgffr

Opened By.....Designation.....Signature..... Date.....

Opened By.....Designation.....Signature..... Date.....

Opened By.....Designation.....Siganture..... Date.....

Opened By.....Desihnation.....Signature.....Date.....

N/B:(a)- CONFIDENTIAL BUSINESS QUESTIONNAIRE MUST BE FILLED IN THE FORMAT PROVIDED

CONFIDENTIAL BUSINESS QUESTIONNAIRE

You are advised that it is a serious offence to give false information on this Form.

1. COMPANY DETAILS

a) Business Name.....

b) Location of business premises

Plot No. Street/Road
Postal Address Tel. No.Fax Email
Contact Person and Telephone No.....
(Must attach Company Profile)

c) Nature of business

d) Registration Certificate No. (Please attach copy)

e) Current Trade License No..... (Please attach copy)

f) PIN No..... (Please attach copy)

g) Tax Compliance Certificate No..... (Please attach copy)

h) VAT No.....

i) Year Established.....

j) Number of staff employed.....

k) Payment terms.....Days

l) Maximum value of business which you can handle at any one time Kshs.

2(a). SOLE PROPRIETOR:

Your name in full

Age.....

Nationality.....

Country of origin.....

Citizenship details.....

2(b) – Partnership

Give details of partners as follows

Name	Nationality	Citizenship	Details	Shares
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(If a Kenyan Citizen, indicate under Citizen Details whether by Birth, Naturalization or Registration)

2(c) – Registered Company:

Private or public

State the nominal and issued capital of the company –

Nominal Kshs..

Issued Kshs.....

Give details of all directors as follows

Name	Nationality	Citizenship	Details	Shares
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Date..... Signature of Tenderer.....

If a citizen, indicate under “Citizenship Details” whether by Birth, Naturalization or Registration

