**Annex 2**

* **FORM FOR SUBMITTING SUPPLIER’S QUOTATION**
* We, the undersigned, hereby accept in full the UNDP General Terms and Conditions, and hereby offer to supply the items listed below in conformity with the specification and requirements of UNDP as per RFQ Reference No. RFQ-YEM-0002-2019:

**TABLE 1.1: Offer to Supply Diesel to the following locations.**

**LOT 1 (A)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item No.** | **Description/Specification of Goods** | **Quantity** | **Unit Price** | **Total Price per Item** |
| 1 | **Supply of DIESEL (ASTM standard)** | **15,580 LTR** |  |  |
| 1.1 | **Supply of diesel including Transportation and insurance to Sana’a governorate: ALAMANA ALASIMA district.** | 5500 LTR |  |  |
| 1.2 | **Supply of diesel including Transportation and insurance to SAADA Governorate: Saada city.** | 6500 LTR |  |  |
| 1.3 | **Supply of diesel including Transportation and insurance to Amran governorate in Harf Soufian district.** | 1500 LTR |  |  |
| 1.4 | **Supply of diesel including Transportation and insurance to West Cost region in Khukha districts.** | 1040 LTR |  |  |
| 1.5 | **Supply of diesel including Transportation and insurance to SALLAH district in Taiz governorate.** | 1040 LTR |  |  |
| **Total Prices of Goods** |  |  |  |
| **Add: Cost of Transportation, including insurance.** |  |  |  |
| **Total Final and All-Inclusive Price Quotation** |  |  |  |

**TABLE 1.2: Offer to Supply Petrol to the following locations.**

**LOT 1 (B)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item No.** | **Description/Specification of Goods** | **Quantity** | **Unit Price** | **Total Price per Item** |
| 1 | **Supply of PETROL (ASTM standard)** | **18,680 LTR** |  |  |
| 1.1 | **Supply of PETROL including Transportation and insurance to Sana’a governorate: ALAMANA ALASIMA district.** | 5500 LTR |  |  |
| 1.2 | **Supply of PETROL including Transportation and insurance to SAADA Governorate: Saada City.** | 6500 LTR |  |  |
| 1.3 | **Supply of PETROL including Transportation and insurance to AMRAN governorate in Harf Soufian district.** | 1500 LTR |  |  |
| 1.4 | **Supply of PETROL including Transportation and insurance to West Cost region in Khukha districts.** | 3120 LTR |  |  |
| 1.5 | **Supply of PETROL including Transportation and insurance to SALLAH district in Taiz governorate.** | 520 LTR |  |  |
| 1.6 | **Supply of PETROL including Transportation and insurance to Alhowban district in Taiz governorate.** | 500 LTR |  |  |
| **Total Prices of Goods** |  |  |  |
| **Add: Cost of Transportation, including insurance.** |  |  |  |
| **Total Final and All-Inclusive Price Quotation** |  |  |  |

*[Enter name of authorized staff]*

*[Designation]* [*Click here to enter a date]*

**TABLE 1 LOT 1 : Offer to Comply with Other Conditions and Related Requirements**

|  |  |
| --- | --- |
| **Other Information pertaining to our Quotation are as follows:** | **Your Responses** |
| ***Yes, we will comply*** | ***No, we cannot comply*** | ***If you cannot comply, pls. indicate counter proposal*** |
| Delivery Lead Time (supplying within 3 months for each lot) |  |  |  |
| Delivery of Fuel from the date of PO issuance (within 10 days) |  |  |  |
| Estimated weight/volume/dimension of the Consignment:  |  N/A |  |  |
| Country/ies Of Origin:  |  |  |  |
| Warranty and After-Sales Requirements | N/A |  |  |
| 1. Training on Operations and Maintenance
 | N/A |  |  |
| 1. Minimum one (1) year warranty on both parts and labor
 | N/A |  |  |
| 1. Service Unit to be Provided when the Purchased Unit is Under Repair
 | N/A |  |  |
| 1. Brand new replacement if Purchased Unit is beyond repair
 | N/A |  |  |
| 1. Others
 |  |  |  |
| Validity of Quotation (60 days minimum requirement) |  |  |  |
| All Provisions of the UNDP General Terms and Conditions (must comply with) |  |  |  |
| Other requirements *[pls. specify]* | N/A |  |  |

All other information that we have not provided automatically implies our full compliance with the requirements, terms and conditions of the RFQ.

*[Name and Signature of the Supplier’s Authorized Person]*

*[Designation]*

*[Date]*