PRICE Quotation Form

|  |  |
| --- | --- |
| **Full name of Individual:** |  |
| **Date of the quotation:** | Click here to enter a date. |
| **Request for quotation** | UNFPA/MNG/IC/19/004 – National consultant for Telemedicine Exit Project final evaluation  |
| **Currency of quotation:** | MNT |
| **Validity of quotation:***(The quotation shall be valid for a period of at least 3 months after the submission deadline.)* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item | Description | Quantity | Unit of Measure | Unit Rate | Total |
| 1 | Consultancy fee  | 1 |  Daily  |  |  |
| TOTAL AMOUNT: |  |

I hereby certify that I have reviewed the Terms of Reference of UNFPA/MNG/IC/19/004 including all annexes, amendments (if applicable) and the responses provided by UNFPA on clarification questions from the prospective consultants.

|  |  |  |
| --- | --- | --- |
|  | Click here to enter a date. |  |
| Name and title | Date and place |

Note: Do not print Terms and Conditions when submitting application for the consultancy.