



JARAMOGI OGINGA ODONGA UNIVERSITY OF SCIENCE AND TECHNOLOGY
REQUEST FOR QUOTATION

Quotation No: JOOUST/OP/B6/Q025/2019/2020
Date issued 6/9/2019

To:
Supplier's Name & Address

Tel: _____

From:
JOOUST
P O Box 210 – 40601
BONDO-KENYA
Tel: +254-2501804
Email:vc@jooust.ac.ke
Web: www.jooust.ac.ke

PRN 17512.

You are invited to submit quotation on materials listed below.

Notes:

- THIS IS NOT AN ORDER.** Read the conditions and instructions on reverse before quoting.
- This quotation should be submitted in a plain wax sealed envelope "Quotation No as **ABOVE** for the **provision of maintenance of plant and equipment** To be addressed to reach the buyer or be placed in the Quotation/Tender box not later than **20/09/2019** 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.
- Return the original copy and retain the duplicate for your records.
- You **MUST** indicate your terms of payment
- Save for "For Official Use Only ", all spaces in this quotation **MUST** be filled
- Suppliers to **MUST** attach copies of **Valid Registration Certificate, PIN No. and valid tax compliance Certificate.**
- CONFIDENTIAL BUSINESS QUESTIONNAIRE MUST BE FILLED IN THE FORMAT PROVIDED.**
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S. No	Item Description	Unit	Qty Req	Unit Price	Total Price	Days to delivery	Brand	Country of Origin	Terms of payment	Remarks
	Repair and servicing of DMs 46/6 pump									
	Repair of 50hp motor									
	Servicing of 20m ³ /hr KAPRARI PUMPS									
	Servicing of 5.5HP pedollo pump									
	Servicing of 20m ³ /hr Kiloskar pumps									
	Servicing of 10HP motor									
	¾" Gland packing									
	¼" Gland packing									

NB:

- SCOPE OF THE WORK SHALL INCLUDE SUPPLY, DELIVERY AND INSTALLATION OF WORN OUT PARTS AND ACCESSORIES.(ATTACH COST OS SPARE PARTS SEPERATELY)**
- PARTS BEING REPLACED MUST HAVE 6 MONTHS WARRANTY.**

THERE WILL BE A MANDATORY SIGHT VISIT ON WEDNESDAY 11TH SEPTEMBER 2019 AT 10:00AM , MEETING POINT IS PROCUREMENT DEPARTMENT

This part is for official use only.

Supplier's Signature, stamp
and date here below:

Opened by: 1 _____ Designation _____ Signature _____ Date _____ Time _____

2 _____ Designation _____ Signature _____ Date _____ Time _____
 3 _____ Designation _____ Signature _____ Date _____ Time _____
 4 _____ Designation _____ Signature _____ Date _____ Time _____
 5 _____ Designation _____ Signature _____ Date _____ Time _____

Date _____

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.....

(Please 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
.....
.....
.....
.....

(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
.....
.....
.....
.....

Date..... Signature of Tenderer.....

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