## Rujukan Kami: (95) MOH/HQ/P/IKLAN-SH/2025

## LAMPIRAN 9

BIL	Quotation Reference	Description	Advertisement Date	Closing Date (Not Later Than 09.00AM)	Quotation Fee	Requesting Department
9	(93) PSD/QTN/2025 – (PEROLEHAN)	SUPPLY AND DELIVERY OF OFFICE STATIONERY FOR MINISTRY OF HEALTH.	05/07/2025	19/07/2025	\$5.00	PROCUREMENT DIVISION, KEMENTERIAN KESIHATAN.

QTN REF: ( ) PSD/QTN/2025-(PEROLEHAN)

NO	DESCRIPTION OF ITEM	QUANTITY	BRAND	MANUFACTURER AND ORIGIN	UNIT PRICE (\$)	TOTAL PRICE (\$)
1.	TAPE DISPENSER 24MM	30 units			(PRICE QUOTED SHOULD NOT BE MORE THAN 2 DECIMAL PLACES)	
2.	TALI PINK (LENGTH: 624 INCH)	300 rolls			(PRICE QUOTED SHOULD NOT BE MORE THAN 2 DECIMAL PLACES)	
3.	TALI PUTIH (LENGTH: 624 INCH)	200 rolls			(PRICE QUOTED SHOULD NOT BE MORE THAN 2 DECIMAL PLACES)	
4.	PENDRIVE 32GB	20 pcs			(PRICE QUOTED SHOULD NOT BE MORE THAN 2 DECIMAL PLACES)	
5.	PENDRIVE 64GB	25 pcs			(PRICE QUOTED SHOULD NOT BE MORE THAN 2 DECIMAL PLACES)	

NO	DESCRIPTION OF ITEM	QUANTITY	BRAND	MANUFACTURER AND ORIGIN	UNIT PRICE (\$)	TOTAL PRICE (\$)
6.	PUNCHER LARGE (2 HOLES)	20 units			(PRICE QUOTED SHOULD NOT BE MORE THAN 2 DECIMAL PLACES)	
7.	PUNCHER MEDIUM (2 HOLES)	20 units			(PRICE QUOTED SHOULD NOT BE MORE THAN 2 DECIMAL PLACES)	
8.	CALCULATOR 12-DIGIT	30 units			(PRICE QUOTED SHOULD NOT BE MORE THAN 2 DECIMAL PLACES)	
9.	HARD DISK 2TB	5 units			(PRICE QUOTED SHOULD NOT BE MORE THAN 2 DECIMAL PLACES)	
DELIVERY PERIOD: Instock or not later than 2 weeks  IF N		IF NO, PLEASE S	NO FATE:			
The qu withdi	E VALIDITY:  uotation shall remain valid for 1 YEAR from to the form the following shall remain within that period. The following sary provided that such extension to the quo	e Government reserves	the right to extend ti	his period if deemed		

TERMS AND CONDITIONS							
Tenderer must be registered with the Ministry of Health	Acknowledgement:	Company's Official Stamp					
Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form may cause DISQUALIFICATION OF QUOTATION	I hereby certify the above quote to be correct.  Signature:						
Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF QUOTATION	Name:						
The labeling of the item quoted MUST BE IN ENGLISH	Designation:						
Sample and relevant documents such as brochure with pictures MUST be submitted for each quoted item. Failure to do so within 14 days after closing of quotation may cause DISQUALIFICATION OF QUOTATION unless otherwise agreed by the Evaluation Committee.	Date:						
Delivery Period: INSTOCK OR NOT LATER THAN 2 WEEKS	Telephone No.:						
Please do not use TIPPEX for amendment							
	Email:						
	Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form may cause DISQUALIFICATION OF QUOTATION  Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF QUOTATION  The labeling of the item quoted MUST BE IN ENGLISH  Sample and relevant documents such as brochure with pictures MUST be submitted for each quoted item. Failure to do so within 14 days after closing of quotation may cause DISQUALIFICATION OF QUOTATION unless otherwise agreed by the Evaluation Committee.  Delivery Period: INSTOCK OR NOT LATER THAN 2 WEEKS	Tenderer must be registered with the Ministry of Health  Please fill in the QUOTATION FORM completely including the USER REQUIREMENT FORM (if available). Submission of incomplete form may cause DISQUALIFICATION OF QUOTATION  Each tenderer is allowed to quote ONE BRAND WITH ONE PRICE ONLY for each item. Submission of more than one brand and price will cause DISQUALIFICATION OF QUOTATION  The labeling of the item quoted MUST BE IN ENGLISH  Sample and relevant documents such as brochure with pictures MUST be submitted for each quoted item. Failure to do so within 14 days after closing of quotation may cause DISQUALIFICATION OF QUOTATION unless otherwise agreed by the Evaluation Committee.  Delivery Period: INSTOCK OR NOT LATER THAN 2 WEEKS  Please do not use TIPPEX for amendment  Acknowledgement:  Company Ref. No.:  I hereby certify the above quote to be correct.  Signature:  Signature:  Designation:  Designation:  Date:  Telephone No.:  Telephone No.:  (O/Hp)(Fax)					