

CONSIGNMENT OFFER FORM

NAME OF COMPANY

[DATE]

CHAIRPERSON, CSAC
HEALTH FACILITY ADDRESS

Dear Sir/Madam,

Based on your invitation for Medical Devices and Supplies Consignment, we are offering the following items specified below, subject to the terms of your request.

No	Item	Quantity	Unit	Unit Price	Total Price	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Attached is the accomplished **CONSIGNMENT PROPOSAL FORM/S** and the additional documents required from us as Prospective Consignor.

Thank you.

Truly yours,

Authorized Representative:

Position:

Contact details: