



Date:.....

**Request Quotation Form**  
**REF: SND-Vehiclehire 2024/2025**

**TERMS OF PAYMENT**

CASH       CHEQUE

Suppliers Name & Stamp:.....

.....  
 .....  
 .....

Date Of Delivery.....

Cellphone: .....

ITEM	QTY	Description	KES	Any Other Remarks
1	per day	CHARGES PER DAY WITH FUEL IN SAKU SUB-COUNTY		
2	per day	CHARGES PER DAY WITH FUEL IN LAISAMIS, MOYALE AND NORTH HERR SUB-COUNTY		
3	per day	CHARGES PER DAY WITH FUEL IN SAMBURU COUNTY		
4	per day	CHARGES PER DAY WITH FUEL IN ISIOLO COUNTY		
<b>TOTAL</b>				

**CHECK LIST**

**MINIMUM VEHICLE REQUIREMENT**

1		VEHICLE MAKE & MODEL		
2		INSURANCE TYPE( <b>COMPREHENSIVE</b> )		attach photocopy
3		INSURANCE EXPIRY DATE		
4		FUEL TANK CAPACITY		
5		SAFETY SEAT BELTS		
6		FIRE EXTINGUISHER		
7		FIRST AID KIT		
8		TOWING ROPE/CHAIN		
9		DRIVE TYPE		
10		TYRES		
11		JACK & LUG WRENCH		
12		LOGBOOK		Attach photocopy

13	VALID INSURANCE DOCUMENTS		Attach photocopy
14	DRIVER'S LICENCE (Must be valid)		Attach photocopy
15	OWNER(S) IDENTITY CARD(S)		Attach photocopy
16	MOTOR VEHICLE INSPECTION REPORT		Attach photocopy
17	DRIVER'S ID CARD		Attach photocopy

<b>VENDORS EMAIL ADDRESS</b>	
<b>NAME OF CONTACT PERSON</b>	
<b>PHONE NUMBER OF CONTACT PERSON</b>	
<b>PREMISES PHYSICAL ADDRESS</b>	

**Note:**

This is not a purchase order and the organization is not bound to purchase the goods or services quoted from the lowest bidder or

All quotations Must Be Signed By the Supplier / Bidder

Make sure you attach only photocopied documents

SND reserves the right to negotiate further with the chosen transporter and maintains the highest degree of integrity in the

Incase there is a car break down on the way, the transporter should provide with another alternative means of transport.

The car should be in tiptop condition

**For Official use only**

Quotation opened By

	Name	Designation	Date	Signature
1				
2				
3				
4				
5				
6				
7				