



**PFIZER N.V. BELGIUM.**  
Rijksweg 12, 2870  
Puurs-Sint-Amands,  
Belgium.  
B.T.W: BE.0.401.994.823  
Tel: +32 2808 2464  
Fax: +32 2808 2477  
carl.parein@pfizersupplies.com

## **PFIZER SUPPLY CHAIN MANAGEMENT**

**Request For Quotation Number: EAST\177977274.10**

<b>Date of issue:</b>	16 August 2022
<b>Closing Time and Date:</b>	15:00 pm, 24 August 2022
<b>Contact Details:</b>	All quotations and submissions to email: carl.parein@pfizersupplies.com Tel: +32 2808 2464
<b>Contact Person:</b>	<b>Carl Parein</b> Senior Director Global Procurement

### **1.0. QUOTATIONS ARE HEREBY INVITED FOR THE SUPPLY OF:**

<b>Item</b>	<b>Product(s)</b>	<b>Product Code</b>	<b>Qty</b>
<b>1.</b>	<b>IPVBRT PBS VALVES UTRYH9874 (Original Only)</b>	<b>UTRYH9874 (Original Only)</b>	<b>35</b>



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<b>Method of RFQ Submission</b>	:	Submit your offers as an Electronic File in pdf format
<b>Submission Due Date</b>	:	24/08/2022
<b>Currency of Quotation</b>	:	EUR /USD (GBP)
<b>Tax on Price Quotation</b>	:	Must be inclusive of VAT
<b>Payment Terms</b>	:	100% payment made in the form of bank transfer
<b>Conditions for Release of Payment</b>	:	Upon inspection of Goods/C.O.D
<b>Other after-sale services</b>	:	Not required – duration
<b>Deadline for the Submission</b>	:	24/08/2022
<b>Period of Validity of Quotes</b>	:	30days
<b>Partial Bids</b>	:	Not permitted

### 1.1 SUMMARY:

Pfizer Supply Chain Management has been commissioned to source the above listed product for our ongoing plant upgrade and maintenance. We are therefore required to procure the listed product within a specified period.

**NB:** Quotation must indicate the following:

- \* Stock availability
- \* Your delivery period

### 2.0 EVALUATION CRITERIA:

**2.1** Selection of suppliers will be based on the 80/20 preference.

### 3.0 PRICING QUOTATION:

**3.1** Price needs to be provided in EUR /USD (GBP) (incl. VAT), with details on price elements that are subject to escalation such as delivery charges to Pfizer address.

**3.2** Price should include additional cost elements such as freight, insurance until acceptance, duty where applicable.



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**3.3** Payment will be according to the Pfizer Payment Terms and Conditions

**3.4** All quotations should be valid for at least 30Days.

**3.5** Quotations should be emailed to us before closing time stated above.

**3.6** No quotations received after closing time and date will be accepted without prior arrangement with consultant.

**3.7** Please indicate your delivery period on your quotation to our specified address.

**3.8** No goods to be delivered to the Pfizer without an Official Purchase Order.

**4.0** If unable to quote, state reason for no quote: \_\_\_\_\_  
\_\_\_\_\_

I/We agree that the offer herein shall remain binding upon me/us and open for acceptance by Pfizer during indicated and calculated from the closing time stated above the validity period.

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Name and Capacity**

\_\_\_\_\_  
**Date**

This Request must be completed and accompanied by an Official Quotation. Please email to Procurement Officer at: [carl.parein@pfizersupplies.com](mailto:carl.parein@pfizersupplies.com)

***This is not a Purchase Order.***