



PFIZER N.V. BELGIUM.
Rijksweg 12, 2870
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PFIZER SUPPLY CHAIN MANAGEMENT

Request For Quotation Number: EAST\177977274.10

Date of issue:	04 October 2022
Closing Time and Date:	15:00 pm, 11 October 2022
Contact Details:	All quotations and submissions to email: orders@pfizersourcing-eu.com Tel: +32 2808 2464
Contact Person:	Carl Parein Senior Director Global Procurement

1.0. QUOTATIONS ARE HEREBY INVITED FOR THE SUPPLY OF:

Item	Product(s)	Product Code	Qty
1.	IPVBRT PBS VALVE UTRYH9874098 (Original Only)	UTRYH9874098 (Original Only)	35



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Method of RFQ Submission	:	Submit your offers as an Electronic File in pdf format
Submission Due Date	:	11/10/2022
Currency of Quotation	:	EUR /USD (GBP)
Tax on Price Quotation	:	Must be inclusive of VAT
Payment Terms	:	100% payment made in the form of bank transfer
Conditions for Release of Payment	:	Upon inspection of Goods/C.O.D
Other after-sale services	:	Not required – duration
Deadline for the Submission	:	11/10/2022
Period of Validity of Quotes	:	30days
Partial Bids	:	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 Department at: orders@pfizersourcing-eu.com

This is not a Purchase Order.