

To: Director of Government Logistics  
 Attn.: Senior Supplies Officer B  
 Fax No.: 2116 0103  
 Your Ref.: K/22/15-288  
 Our Ref.: \_\_\_\_\_

**Proforma**

Item	Total Available Quantity to be Supplied (piece)	Delivery Lead Time	F.I.S./Hong Kong*	
			Unit Rate per piece (HK\$#)	
Surgical mask, regular size as per Technical Specifications attached		<b><u>Urgent Orders</u></b> Within _____ days from the date of the order		
		<b><u>Normal Orders</u></b> Within _____ weeks from the date of the order		

Notes: \* F.I.S. means free into store, i.e. the contractor is responsible for the delivery of the goods, at its own cost, to the designated storage area of the location(s) within Hong Kong.

# Please clearly specify the currency quoted if it is not quoted in Hong Kong dollars.

Particulars of Goods		
1.	Brand Name / Model No. (if any)	
2.	Place of Origin	
3.	Packing	_____ pieces / box

N.B.: Please use separate sheets if the space above is inadequate.

Signature of Person Authorised to sign this quotation (with company chop): \_\_\_\_\_

Name in Block Letter: \_\_\_\_\_

Name of Supplier: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Date: \_\_\_\_\_