



OFFER FORM ACTED Libya/Tunisia

Date : _____ (date should be indicated by the bidder)

Tender N° : T/14CUJ/86DAUD/Audit Services/TUNIS/19072019

To be Filled by Bidder (COMPULSORY)

Details of Bidding Company:

1. Company Name: (_____)

2. Company Authorized Representative Name: (_____)

3. Company Registration No: (_____)

No/Country/ Ministry

4. Company Specialization: (_____)

5. Mailing Address: (_____)

Country/Governorate./City/St name/Shop-Office No

a. Contact Numbers: (Land Line: _____ / Mobile No: _____)

b. E-mail Address: (_____)

I undersigned _____, agree to provide ACTED, non-profit NGO, with items answering the following specifications, according to the general conditions and responsibilities that I engage myself to follow.

PLEASE FILL IN THE FOLLOWING TABLES, ONE FOR EACH BATCH:

LOT 1: AUDIT SERVICE - EXPENDITURE VERIFICATION OF A GRANT CONTRACT

*PLEASE REFER TO TORS - TERMS OF REFERENCE FOR AN EXPENDITURE VERIFICATION OF A GRANT CONTRACT

Description	Location	TOTAL in TND (VAT excluded)	TOTAL in TND (VAT included)
Mobilization and preparation for the expenditure verification of a grant contract *	ACTED Tunis Office		
Review of documentation and achievement of the audit *	ACTED Tunis Office		
Final version of the audit report * <i>For the whole duration of the project</i>	ACTED Tunis Office		

- Mobilization for the expenditure verification of a grant contract - within 10 working days as per TORs _____ days (as per contractor if different)
- Review of documentation - within 10 working days as per TORs _____ days (as per contractor if different)
- Drafting of the final report containing findings - within 10 working days as per TORs _____ days (as per contractor if different)

TOTAL Number of days: _____ days (as per contractor if different)

BIDDER'S COMMENTS/REMARKS:

1. _____



ACTED

2. _____

BIDDER'S TERMS AND CONDITIONS FOR LOT N°1:

1. Validity of the offer: _____ (1 month recommended)
2. Expected date of contract's signature: 01/08/2019 (1st August 2019)
3. Terms of payment: _____

Name of Bidder's Authorized Representative: _____

Authorized signature and stamp: _____

Date: _____