Format ADB 2.1

Women's Bureau of Sri Lanka

Food Security and Livelihood Recovery Emergency Assistance Project
Asian Development Bank

Submitting Price Quotation

Name of the Beneficiary	:	.....
Address	:	.....
Contact Number	:	……

	Item	Number of Units	Unit Price (Rs.)	Total Value (Rs.)
1	.....	.....	.....	.....
2	.....	.....	.....	.....
3	.....	.....	.....	.....
4	.....	.....	.....	.....
5	.....	.....	.....	.....
6	.....	.....	.....	.....
7	.....	.....	.....	.....
8	.....	.....	.....	.....
9	.....	.....	.....	.....
10	.....	.....	.....	.....
	Grand Total (Rs.)			.....

The above quotation has been submitted at the request of Mrs/Ms.....

.....
(Signature)
.....(Name)
.....
(Company)

Rubber Seal

Date: 2025……