**Subject: Request of quotation for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Funds reference PNRR M4C2 Inv. 1.1 PRIN 2022/ PNRR - CUP n. …..**

Dear Sir/Madam,

I hereby request your best quotation headed to:

**University of Udine**

**Dep. of Medicine,**

**Via Colugna 50, 33100 Udine**

**VAT no. IT01071600306**

for the supply of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please specify in your quote: delivery time and transport (e.g. which courier), services included (e.g. transport, installation, warranty duration, etc.)

The price (excluding VAT) must include any charges or costs at your expense. For shipment from outside the EU, please specify if custom duties and charges are included.

The quotation must be accompanied by:

1. A self-certification of possession of requirements (see attached form to fulfill).

The form must be returned with a copy of the signer’s identity document.

Your quote will be evaluated according to the following aspects: price; *\_\_\_\_\_\_\_\_\_\_\_\_\_* *any relevant qualitative elements subject to evaluation (for example: improved technical characteristics, higher or longer warranties, after-sales services ...)*

The University reserves the right to acquire other quotations, to compare your quotation with those already collected and to ask for any clarifications, modifications or additions to the proposals deemed more appropriate.

Please send your quote by \_\_\_/\_\_\_\_/\_\_\_\_, specifying a period of validity of at least 30 days.

**Attached:**

* self-certification form of possession of requirements

Best regards,