



**OFFICE OF THE BIDS AND AWARDS COMMITTEE**

Name of Project : **Supply and Delivery of Medicines to be used at Sindalan Birthing Station, City of San Fernando, Pampanga**

Location of the Project : **City Health Office - Rural Health Unit II - Sindalan**

**REQUEST FOR QUOTATION**

(FM-CSFP-CGSO-39; Revision No. 01;06/23/14)

Date : **July 27, 2015**  
Quotation No. : **ES-D2-15-1855**

Company Name

Address

Please quote your lowest price on the item(s) listed below and submit your quotation duly signed by your representative not later than **August 04, 2015 at 10:00 AM** at **CGSO-Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

**ABIGAIL P. YALUNG**  
Administrative Aide I

**ENGR. MICHAEL N. QUIZON, JR.**  
BAC Chairman

- NOTE:
- 1 ALL ENTRIES MUST BE READABLE
  - 2 DELIVERY PERIOD WITHIN \_\_\_\_\_ CALENDAR DAYS
  - 3 WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY
  - 4 PRICE VALIDITY SHALL BE FOR A PERIOD OF SIXTY (60) CALENDAR DAYS

ITEM NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
1	25	tube(s)	Erithromycin Ophthalmic Ointment 5%	_____	_____
2	3	bx(s)	Methylegometrine Maleate 200mcg/ml	_____	_____
3	25	bx(s)	Cefalexine 500mg/cap	_____	_____
4	25	bx(s)	Amoxicillin 500mg/cap	_____	_____
5	20	bx(s)	Mefenamic Acid 500mg/cap	_____	_____
6	20	bx(s)	Methylegometrine Maleate 125mg, tab	_____	_____
7	15	bx(s)	Ferrous + Folic Acid tabs	_____	_____
8	50	ampule(s)	Phytomenadione 10mg/ml (Vitamin K)	_____	_____
9	30	bx(s)	Azythromycin 500mg 3's	_____	_____
			xxxxxx Nothing follows xxxxxx		
			<b>TOTAL AMOUNT :</b>		<b>P</b> _____

After having carefully read and accepted your General Conditions, I quote you on the item at prices noted above.

Printed Name / Signature

Tel No. / Cellphone No.

Date