



**OFFICE OF THE BIDS AND AWARDS COMMITTEE**

Name of Project : **Supply and Delivery of Essential Medicines to be used in the Cardiovascular Disease Prevention and Control Program, City of San Fernando, Pampanga**

Location of the Project : **City Health Office**

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

Date : **December 08, 2016**  
Quotation No. : **ES-D2-16-3049**

\_\_\_\_\_  
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 **December 16, 2016 at 10:00 AM at CGSO-Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

**LEALORAINE A. GOMEZ**  
Administrative Aide II

**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	200.00	bx(s)	Atenolol 50mg/tab	_____	_____
2	2800.00	pc(s)	Telmisartan 40mg/tab	_____	_____
3	2800.00	pc(s)	Rosuvastatin 20mg/tab	_____	_____
4	150.00	bx(s)	Clopidogrel 75mg/tab	_____	_____
			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