



OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project : **Supply and Delivery of Medicines to be used at City Economic Enterprise Division**
Location of the Project : **City Administrator's Office - City Economic Enterprise Division**

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

Date : **December 09, 2016**
Quotation No. : **ES-D2-16-3069**

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 19, 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	500.00	nebule(s)	Salbutamol Nebule	_____	_____
2	60.00	bx(s)	Oral Rehydration SHLT	_____	_____
3	400.00	btl(s)	Zinc Syrup	_____	_____
4	100.00	bx(s)	Losartan 50mg	_____	_____
5	60.00	bx(s)	Doxycycline	_____	_____
6	250.00	tube(s)	Mupirocin Ointment	_____	_____
7	250.00	tube(s)	Tobramycin 3% + Dexamethazone Eye Drop	_____	_____
8	1850.00	btl(s)	Paracetamol Syrup 250mg	_____	_____
			xxxxxx Nothing follows xxxxxx		
			TOTAL AMOUNT :		P _____

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