



Standard Form Number: SF-GOOD-60
Revised on: May 24, 2004

Republic of the Philippines
Province of Pampanga
CITY OF SAN FERNANDO

OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project : **SUPPLY AND DELIVERY OF MEDICAL SUPPLIES**
Location of the Project : **CITY HEALTH OFFICE**

REQUEST FOR QUOTATION

Date : **FEBRUARY 11, 2014**
Quotation No. : **ES-M7-14-0371**

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 **FEBRUARY 19, 2014 at 10:00 A.M.** at **CGSO Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

JOSEPHINE S. BULANADI
Administrative Assistant III

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	2	boxes	HIV 1/2 SD Bioline One Step Kit	P _____	P _____
2	2	boxes	Syphilis SD Bioline Step Kit	_____	_____
3	2	boxes	Hepa B kit SD bioline	_____	_____
4	10	boxes	Wooden Applicator sticks	_____	_____
5	30	boxes	Microscope Slides	_____	_____
6	2	bottles	Safranin Staine (1000ml)	_____	_____
7	10	boxes	Gloves (medium)	_____	_____
8	10	bottles	Alcohol 500ml	_____	_____
9	200	tips	Yellow Tips (for pipetting)	_____	_____
10	1	box	Disposable Pastuer Pipette (1ml)	_____	_____
11	1	box	Gram stain set	_____	_____
12	2	bottles	Hema quick stain	_____	_____
13	2	boxes	Hepa B Kit preferably SD Bioline or its equivalent	_____	_____
14	30	bottles	Urine Strips	_____	_____
15	46	boxes	Blood Glucose strips pref. SD Check brand	_____	_____
16	11	packs	Wooden Applicator sticks	_____	_____
17	5	bottles	Blood Typing Sera Anti-A	_____	_____
18	5	bottles	Blood Typing Sera Anti-B	_____	_____
19	5	bottles	Blood Typing Sera Anti-D RH	_____	_____
20	6	packs	Blood Lancets 200/pack	_____	_____
21	6	boxes	3cc syringe pref. Terumo	_____	_____
22	6	bottles	Immersion Oil	_____	_____
>>continuation next page<<					

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



Standard Form Number: SF-GOOD-60
Revised on: May 24, 2004

Republic of the Philippines
Province of Pampanga
CITY OF SAN FERNANDO

OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project : **SUPPLY AND DELIVERY OF MEDICAL SUPPLIES**
Location of the Project : **CITY HEALTH OFFICE**

REQUEST FOR QUOTATION

Date : **FEBRUARY 11, 2014**
Quotation No. : **ES-M7-14-0371**

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 **FEBRUARY 19, 2014 at 10:00 A.M.** at **CGSO Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

JOSEPHINE S. BULANADI
Administrative Assistant III

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
23	36	bottles	Alcohol 500ml	_____	_____
24	16	bottles	Denatured Alcohol 350cc	_____	_____
25	5	packs	EDTA tubes 100 tubes/pack	_____	_____
26	15	packs	Red top 3cc 100tubes/pack	_____	_____
27	60	boxes	Dental Anesthesia	_____	_____
28	20	boxes	Gloves (Small)	_____	_____
29	20	boxes	Gloves (Medium)	_____	_____
30	100	bottles	Alcohol 500ml pref Doctor J or its equivalent	_____	_____
31	3	boxes	GIC shade A3 big	_____	_____
32	10	boxes	Dental Needle G-27 preferably Terumo or its equiv.	_____	_____
33	1	tube	Topical Anesthesia pref. Astra or its equiv.	_____	_____
34	8	boxes	Facemask	_____	_____
35	5	boxes	Flouride Varnish pref. VOCO brand or its equiv	_____	_____
36	7	bottles	Etchant	_____	_____
37	2	bottles	Bonding Agent pref 3M or its equiv	_____	_____
38	5	packs	Saliva Ejector	_____	_____
39	3	tubes	Prophy Paste	_____	_____
40	1	box	Light Cure Composite	_____	_____
41	2	boxes	IRM Big	_____	_____
42	1	box	Dycal	_____	_____
43	1	unit	High Speed	_____	_____
			vxvxxvxxvxxv		
			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