



OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project : **Supply and Delivery of Medical Supplies for the 3rd Quarter 2015 Ambulance Supplies, City of San Fernando, Pampanga**

Location of the Project : **City Disaster Risk and Reduction Management Division**

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

Date : **July 02, 2015**
Quotation No. : **ES-M7-15-1666**

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 **July 10, 2015 at 10:00 AM** 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 | 60 | pc(s) | Elastic Roller Bandage (Ormed), size 6" | _____ | _____ |
| 2 | 100 | pc(s) | Elastic Roller Bandage (Ormed), size 4" | _____ | _____ |
| 3 | 100 | pc(s) | Elastic Roller Bandage (Ormed), size 2" | _____ | _____ |
| 4 | 2 | bx(s) | Glucometer Strips, one touch ultra | _____ | _____ |
| 5 | 5 | pc(s) | Spine Board Spider Strap | _____ | _____ |
| 6 | 3 | pc(s) | Baby Hanging Scale Topcare | _____ | _____ |
| 7 | 10 | pc(s) | IV Infusion Set / Macroset Adult Intrafix | _____ | _____ |
| 8 | 12 | btl(s) | Intravenous fluid 0.9 NaCl 500cc | _____ | _____ |
| 9 | 12 | btl(s) | Intravenous fluid D5LRS 500cc | _____ | _____ |
| 10 | 12 | btl(s) | D5 Water 50ml | _____ | _____ |
| 11 | 6 | pc(s) | Trauma Bag (3 red, 3 blue) 14 in.length x 12in.width x 8in.height | _____ | _____ |
| | | | 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