



OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project : **Supply and Delivery of Medical Supplies to be used at RHU I - San Jose Birthing Station, City of San Fernando, Pampanga**

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

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

Date : **July 20, 2015**
Quotation No. : **ES-M7-15-1828**

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 28, 2015 at 10:00 AM** at **CGSO-Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

TERESITA A. PABALAN
Administrative Aide 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	12	bx(s)	Disposable Syringe with needle, 1cc	_____	_____
2	10	bx(s)	Disposable Syringe with needle, 3cc	_____	_____
3	5	bx(s)	Disposable Syringe with needle, 5cc	_____	_____
4	6	gal(s)	Cidex/ Virusolve	_____	_____
5	500	pc(s)	Cord Clamp	_____	_____
6	50	pck(s)	Sanitex Maternity Pad	_____	_____
7	50	pck(s)	Adult Diaper (XL)	_____	_____
8	2	bx(s)	Suction Catherer (for newborn) fr. 18	_____	_____
			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