



OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project : **Supply and Delivery of Medical Supplies to be used for Environmental Health and Sanitation Services for the Winners of Healthy Places, 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 07, 2016**
Quotation No. : **ES-M7-16-3035**

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 15, 2016 at 10:00 AM at CGSO-Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

JEFFREY ROSS M. NAVARRO
Administrative Aide I

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	12.00	btl(s)	Alcohol Isoprophyl 70% 500ml	_____	_____
2	12.00	bx(s)	Disposable Gloves, Medium	_____	_____
3	12.00	bx(s)	Surgical Tape 1"	_____	_____
4	6.00	pc(s)	Medicine Bag (Tackle Box)	_____	_____
5	6.00	bx(s)	Sterile gauze (4x4)	_____	_____
6	6.00	roll(s)	Cotton 400g	_____	_____
7	12.00	gal(s)	Povidine Iodine Solution	_____	_____
8	9.00	bx(s)	Face Mask	_____	_____
			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