



OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project : **Supply and Delivery of Medical and Dental Supplies to be used in the Clinic of the City College, City of San Fernando, Pampanga**

Location of the Project : **City College**

REQUEST FOR QUOTATION

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

Date : **July 08, 2015**
Quotation No. : **ES-M7-15-1695**

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 15, 2015 at 10:00 AM** at **CGSO-Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

ABIGAIL P. YALUNG
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	3	set(s)	Composite		
2	5	pck(s)	Dycal		
3	5	bx(s)	IRM		
4	3	bx(s)	Needle pref. Terumo 27g		
5	15	bx(s)	Gloves (small)		
6	5	bx(s)	Mask		
7	20	btl(s)	Alcohol Isopropyl 70% pref. Green Cross 500ml		
8	10	bx(s)	Anesthesia		
9	10	pc(s)	Cotton		
10	8	btl(s)	Bactidol / Betadine Gargle		
11	1	pck(s)	Pumice Powder		
12	5	pck(s)	Suction Tips		
13	5	bx(s)	Fuji II Restorative		
14	1	set(s)	Restorative Hand Instrument		
15	300	cup(s)	Disposable Cups(small,white)		
16	5	pck(s)	Bib		
17	10	bx(s)	Band Aid		
18	20	pc(s)	Micropore		
19	20	btl(s)	Betadine		
20	10	pc(s)	White Flower		
21	3	btl(s)	Hydrogen Peroxide		
22	3	pc(s)	Thermometer		
23	1	set(s)	Authoscope		
24	3	pc(s)	Kidney Basin (Big)		
25	2	pc(s)	Stainless Container (Big)		
26	5	bx(s)	Tongue Depressor		

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



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ITEM NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
			xxxxxx Nothing follows xxxxxx		
			TOTAL AMOUNT :		P _____

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Printed Name / Signature

Tel No. / Cellphone No.

Date