



OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project : **Supply and Delivery of Medical Equipment to be used for the Services and Equipment Enhancement Program of the HEMS Unit, 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 : **February 03, 2017**

Quotation No. : **M7-17-0194**

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 08, 2017 at 10:00 A.M.** at **CGSO Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

ANA LIZA C. ZABLAN
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
			ARE: Dr. Carlos B. Mercado		
1	75	boxes	ECG Paper		
2	2	pc(s)	Spider Strap		
3	2	unit(s)	Glucometer (SD Check)		
4	20	packs	Glucostrips SD Check 25pcs/pack		
			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