



Republic of the Philippines  
Province of Pampanga  
**CITY OF SAN FERNANDO**

GOODS & SERVICES  
BELOW 500T

**OFFICE OF THE BIDS AND AWARDS COMMITTEE**

Name of Project : **SUPPLY AND DELIVERY OF RESTORATIVE DEVICES**  
Location of the Project : **CITY SOCIAL WELFARE AND DEVELOPMENT OFFICE**

**REQUEST FOR QUOTATION**  
(FM-CSFP-CGSO-39; Revision No. 00)

Date : **MARCH 25, 2014**  
Quotation No. : **SO-03-14-0848**

\_\_\_\_\_  
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 **APRIL 02, 2014 at 10:00 A.M.** at **CGSO Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

**ABIGAIL B. POLICARPIO**  
Administrative Aide

**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	10	unit	Wheelchairs	P _____	P _____
2	3	unit	Pedia Wheelchairs	_____	_____
3	5	pairs	Crutches	_____	_____
4	6	pieces	Walker	_____	_____
			VXVXVXVXVXVXVXV	_____	_____
			<b>TOTAL AMOUNT:</b>		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