



OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project : **SUPPLY AND DELIVERY OF MEDICINES TO BE USED DURING THE OPERATION
TULI**

Location of the Project : **CITY HEALTH OFFICE**

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

Date : **APRIL 08, 2014**
Quotation No. : **SO-04-14-1007**

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 16, 2014 at 10:00 A.M.** at **CGSO Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

LOLITA DG. LAVEGA
Administrative Aide VI

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	200	boxes	Amoxicillin 250mg capsules	P _____	P _____
2	150	boxes	Mefanamic Acid 250mg capsules vxxvxxvxxvxxvxxvxxv	_____	_____
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