



**OFFICE OF THE BIDS AND AWARDS COMMITTEE**

Name of Project : **Supply and Delivery of Drugs and Medicines to be used for Micronutrient Supplementation Program from July to December 2018, City of San Fernando, Pampanga**

Location of the Project : **City Nutrition Committee**

**REQUEST FOR QUOTATION**

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

Date : **August 02, 2018**

Quotation No. : **D2-18-1806**

\_\_\_\_\_  
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 **August 06, 2018 at 10:00 A.M.** at **CGSO Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

**LEALORAINE A. GOMEZ**  
Administrative Aide II

**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	47	boxes	Ascorbic Acid Syrup 60ml		
2	47	boxes	Ferrous Sulfate Syrup 60ml		
3	24	boxes	Zinc Sulfate Syrup 60ml		
			xxxxxx Nothing follows xxxxxx		
			<b>TOTAL AMOUNT</b>		<b>P</b>

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