



OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project : **Supply and Delivery of Physical Restorative Devices to be awarded to PWDs in the CSFP for the year 2018**

Location of the Project : **City Social Welfare and Development Office**

REQUEST FOR QUOTATION

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

Date : **September 03, 2018**

Quotation No. : **M7-18-2138**

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 **September 10, 2018 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
1	5	unit(s)	Wheel Chairs (Adult) Material : Aluminum Alloy Feature: Aluminum wheel chair with foldable back rest Footrest: Foldable		
2	5	unit(s)	Wheel Chairs (Child) Material : Aluminum Alloy Feature: Aluminum wheelchair with foldable back rest Footrest: Foldable		
3	5	pcs	Quad Cane Material: Aluminum Feature: Arm Walking Cane		
4	10	pc(s)	Cane (T shape grip handle) Made with light weight durable materials Adjustable		
5	2	unit(s)	Hearing Aid		
6	3	unit(s)	Nebulizer pref. Indoplas with complete accessories		
			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