



OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project : **Supply and Delivery of Medical Supplies for Diabetes Prevention and Control Program Maintenance Treatment (Primary Insulinization Treatment) in the 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 : **October 19, 2018**

Quotation No. : **M7-18-2601**

 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 **October 23, 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	242	pc(s)	Re-usable pen for Intermediate Acting Insulin Glass Cartridge		
2	514	pc(s)	Pen needle for the re-usable pen		
			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