



OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project : **Supply and Delivery of Drugs & Medicines to be used for PAP SMEAR 2019 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 : **January 29, 2019**

Quotation No. : **M7-19-0205**

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 **February 04, 2019 at 10:00 A.M.** at **CGSO Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

MARIA VIÑA O. NAVARRO
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	15	bx(s)	Cefixime 400mg tab 30's		
2	25	bx(s)	Doxycycline 100mg cap 100's		
3	18	bx(s)	Metronidazole 500mg tab 100's		
4	56	bx(s)	Clotrimazole 500mg vaginal tab 1's		
			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