



OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project : **Printing and Delivery of Regulatory Clearances for 1st Semester of 2019 to be used at City Health Office in the City of San Fernando, Pampanga subject to Ordering Agreement**

Location of the Project : **City Health Office**

REQUEST FOR QUOTATION

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

Date : **February 18, 2019**

Quotation No. : **P11-19-0399**

 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 22, 2019 at 10:00 A.M.** at **CGSO Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

JOAN D. GUTIERREZ
 ADMINISTRATIVE AIDE I

ENGR. MICHAEL N. QUIZON, JR.
 BAC Chairman

- NOTE:
1. ALL ENTRIES MUST BE READABLE
 2. DELIVERY PERIOD WITHIN THIRTY (30) 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	10,000	pc(s)	Health Certificate Green (Non-Food) Serial No. 146001		
2	30,000	pc(s)	Health Certificate Yellow (Food) Serial No. 423001		
3	750	pc(s)	Classification Sticker A Category Excellent 90 - 100%		
4	500	pc(s)	Classification Sticker B Category Very Satisfactory 70 - 89%		
5	250	pc(s)	Classification Sticker C Category Satisfactory 50 - 69%		
6	15,000	pc(s)	Sanitary Permit		
7	4,000	pc(s)	Pink Card L4" x W6"		
8	30	pad(s)	GRO Application Form (8 1/2 x 13)		
9	2	ream(s)	Sanitary Order Form, Long (8 1/2 x 13)		
10	3	ream(s)	Inspection Monitoring Forms for Entertainment Establishments, Long (8 1/2 x 13)		
11	15	ream(s)	Inspection Monitoring Report Forms, Long (8 1/2 x 13) for Food and Non-Food		
			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