



**OFFICE OF THE BIDS AND AWARDS COMMITTEE**

Name of Project : **Supply and Delivery of Hepatitis B Immunoglobulin Immunization to be used to Infants born to Hepatitis B positive mothers in the City of San Fernando, Pampanga for 2019**  
Location of the Project : **City Health Office**

**REQUEST FOR QUOTATION**

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

Date : **February 27, 2019**

Quotation No. : **M7-19-0546**

\_\_\_\_\_  
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 **March 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	25	vial(s)	Hepatitis B Immunoglobulin 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