



**OFFICE OF THE BIDS AND AWARDS COMMITTEE**

Name of Project : **Supply and Delivery of Essential Health Care Package to be given to Daycare Pupils for the Orally Fit Fernandino Child Program in the City of San Fernando, Pampanga**

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

**REQUEST FOR QUOTATION**

*(FM-CSFP-CGSO-38; Revision No. 01;06/23/14)*

Date : **August 07, 2019**

Quotation No. : **G6-19-1674**

\_\_\_\_\_  
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 **August 12, 2019 at 01:00PM** at **CGSO Building, New Public Market, City of San Fernando, Pampanga**.

Approved by:

**ENGR. MICHAEL N. QUIZON, JR.**  
BAC Chairman

- NOTE:
1. ALL ENTRIES MUST BE READABLE
  2. DELIVERY PERIOD WITHIN TWENTY (20) 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	8,000	kit(s)	Essential Health Care Kits --1 pc. Toothbrush Extra Soft Bristle (PDA Approved) for Ages 5+ with cap and individually plastic wrapped --1 pc. Twin pack Toothpaste, regular flavor 24grams --1 pc. Germicidal Soap 25grams		
<b>TOTAL AMOUNT OF BID . . . . .</b>				<b>P</b> _____	
<b>(TOTAL AMOUNT IN WORDS)</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