



OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project : **Supply and Delivery of Rescue Equipment to be used for 12th Central Luzon First and Cardio Pulmonary Resuscitation with Automated External Defibrillator, City of San Fernando, Pampanga**

Location of the Project : **City Disaster Risk and Reduction Management Division**

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

Date : **July 21, 2015**
Quotation No. : **ES-F2-15-1628**

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 **July 29, 2015 at 10:00 AM** at **CGSO-Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

TERESITA A. PABALAN
Administrative Aide III

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	8	pc(s)	Round Steel Post with markings at the base (CSFP-CDRRMO)	_____	_____
2	10	pair(s)	LP Goal Keeper Kneepads/ LP Standard Knee Support with Pads (Size: Large)	_____	_____
3	8	unit(s)	EMT Protective Eyewear pref. ESS	_____	_____
4	8	unit(s)	Fire Pro Goggles	_____	_____
5	2	unit(s)	Rope Rescue Helmet pref. Petzl. color red with markings & CSF logo	_____	_____
			Waterproof Dry Backpack pref. NRS	_____	_____
			Outfitter Dry Bag 2.2	_____	_____
			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