Name of Project: SUPPLY AND DELIVERY OF MEDICAL, DENTAL AND LABORATORY SUPPLIES
Location of the Project: CITY HEALTH OFFICE

REQUEST FOR QUOTATION

Date: MARCH 12, 2015
Quotation No.: ES-M7-15-0483

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 20, 2015 at 10:00 A.M. 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

<table>
<thead>
<tr>
<th>ITEM NO.</th>
<th>QTY</th>
<th>UNIT</th>
<th>ITEM DESCRIPTION</th>
<th>UNIT PRICE</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>1</td>
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<td>bxs</td>
<td>Hemaquick Stain Kit pref. Medic Brand or its equivalent</td>
<td>P</td>
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<tr>
<td>2</td>
<td>5,000</td>
<td>pcs</td>
<td>Sputum Cups</td>
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<td>3</td>
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<td>bts</td>
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<td>Applicator Sticks</td>
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<td>Gloves (M)</td>
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<tr>
<td>6</td>
<td>10</td>
<td>bxs</td>
<td>3cc syringe pref. Terumo or its equivalent</td>
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<td>7</td>
<td>10</td>
<td>bxs</td>
<td>Blood Lancets</td>
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<td>8</td>
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<td>bxs</td>
<td>1cc Syringe</td>
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LOT 1 TOTAL AMOUNT: P

>>continuation on next page<<

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
Republic of the Philippines  
Province of Pampanga  
CITY OF SAN FERNANDO  

OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project: SUPPLY AND DELIVERY OF MEDICAL, DENTAL AND LABORATORY SUPPLIES  
Location of the Project: CITY HEALTH OFFICE

REQUEST FOR QUOTATION  
(FM-CSFP-CGSO-39; Revision No. 01; 06/23/14)  
Date: MARCH 12, 2015  
Quotation No.: ES-M7-15-0483

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<tr>
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<td>Gum Separator</td>
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<td>50</td>
<td>pcs</td>
<td>Cotton Plier</td>
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<td>11</td>
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<td>Dental Anesthesia</td>
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<td>Dental Needle pref. Terumo or its equivalent</td>
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<td>100</td>
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<td>Alcohol 500ml</td>
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<td>Gloves (S)</td>
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<td>Saliva Ejector Tipe 100's</td>
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<td>Facemask</td>
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LOT 2 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
**Name of Project**
SUPPLY AND DELIVERY OF MEDICAL, DENTAL AND LABORATORY SUPPLIES

**Location of the Project**
CITY HEALTH OFFICE

**REQUEST FOR QUOTATION**

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

**Date**
MARCH 12, 2015

**Quotation No.**
ES-M7-15-0483

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**Company Name**

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**Address**

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**Canvassed by:**
Teresita A. Pabalan
Administrative Aide III

**Approved by:**
Engr. Michael N. Quizon, Jr.
BAC Chairman

---

**NOTE:**

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<th>UNIT PRICE</th>
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<td>Microscope Slides</td>
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<td>Gloves (S)</td>
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<td>btls</td>
<td>Hepa B Kit pref. SD Bioline or its equivalent</td>
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</tbody>
</table>

**LOT 3 TOTAL AMOUNT:**


**GRAND TOTAL:**
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