OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project: Supply and Delivery of Newborn Screening Kit to be used for at San Jose, Sindalan, San Nicolas and Northville Birthing Station, City of San Fernando, Pampanga

Location of the Project: City Health Office

REQUEST FOR QUOTATION

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

Date: April 17, 2015

Quotation No.: ES-M7-15-0876

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 April 27, 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

<table>
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<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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<tr>
<td>1</td>
<td>148</td>
<td>kit(s)</td>
<td>Newborn Screening Kit: San Jose</td>
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<td>152</td>
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<td>Newborn Screening Kit: Sindalan</td>
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<td>Newborn Screening Kit: San Nicolas</td>
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<td>4</td>
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<td>Newborn Screening Kit: Northville</td>
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</tbody>
</table>

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