



**OFFICE OF THE BIDS AND AWARDS COMMITTEE**

Name of Project : **Supply and Delivery of Supplies/Materials to be used for the CDRMO's Community Resiliency Program, City of San Fernando, Pampanga**

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

**REQUEST FOR QUOTATION**

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

Date : **December 08, 2017**

Quotation No. : **G6-17-3062**

\_\_\_\_\_  
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 **December 12, 2017 at 10:00 A.M.** at **CGSO Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

**JEFFREY ROSS M. 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	50	pc(s)	Go Bag: Canvass Made with reflectors and compartment; back pack		
2	50	pc(s)	Waterproof Solar Lantern		
3	150	pc(s)	Paracord Survival Bracelet parachute cord with whistle		
4	150	pc(s)	Glow and Torch 3 in 1		
5	100	pc(s)	PVC Orange, Poncho Heavy Duty		
6	100	pc(s)	Thermometer		
7	50	boxes	Gloves, Ni-tek, Medium		
8	50	boxes	Band Aid		
9	10	boxes	Ziplock #11 11" x 13" (100pc/pack)		
10	25	boxes	Leukoplast, Silkpore, 1 inch		
11	250	pc(s)	Triangular Bandage Color: Powder Blue with CSFP Logo Size: Base 63.5"; Sides 43"		
12	50	pc(s)	Thermal Blanket		
13	10	boxes	Ziplock #7 5 1/2 x 7 1/2 (100pc/pack)		
14	50	boxes	Face Mask		
15	100	pc(s)	Multi Tool		
16	50	roll(s)	Cotton		
17	50	pc(s)	Hot Water Bag		

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



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ITEM NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
18	50	pc(s)	Ice Pack		
19	100	btl(s)	Alcohol Green Cross 60ml		
20	100	btl(s)	Povidone Iodine 100ml		
21	50	boxes	Sterile Gauze Ormed, 1 swab		
			xxxxxx Nothing follows xxxxxx		
			<b>TOTAL AMOUNT</b>		<b>P</b>

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