OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project: Supply and Delivery of Hepatitis B Immunoglobulin Immunizations Vials and Syringe for Infant Born to Hepa B Positive Mother, 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: July 25, 2017
Quotation No.: M7-17-1874

Please quote your lowest price on the item/s listed below and submit your quotation duly signed by your representative not later than July 31, 2017 at 10:00 A.M. at CGSO Building, New Public Market, City of San Fernando, Pampanga.

Canvassed by: ANA LIZA C. ZABLAN
Approved by: ENGR. MICHAEL N. QUIZON, JR.

Company Name
Address

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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>box</td>
<td>Syringe 1cc with gauge 26 5/8 needle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>29</td>
<td>vial(s)</td>
<td>Hepa B Immunoglobulin Vial</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nothing follows xxxxxx</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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