



OFFICE OF THE BIDS AND AWARDS COMMITTEE

Name of Project : **Supply and Delivery of Medical Supplies as prizes for Healthy Places, 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 : **October 27, 2017**

Quotation No. : **M7-17-2683**

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 **November 02, 2017 at 10:00 A.M.** at **CGSO Building, New Public Market, City of San Fernando, Pampanga.**

Canvassed by:

Approved by:

LEALORAINE A. GOMEZ
Administrative Aide II

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	12	bx(s)	Surgical Tape 1"		
2	6	pc(s)	Medicine Bag (Tackle Box)		
3	15	btl(s)	Alcohol Isoprophyl 70%(Green Cross) 500ml		
4	12	bx(s)	Disposable Gloves, Medium		
5	6	bx(s)	Sterile Gauze 4x4		
6	6	roll(s)	Cotton, 400g		
7	12	gal(s)	Povidone Iodine Solution		
8	9	bx(s)	Face Mask		
			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