

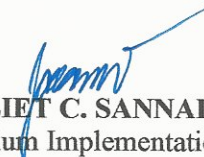


## REQUEST FOR QUOTATION

Standard Form No.: SF-GOOD-60  
 Revised on: May 24, 2004  
 Standard Form Title: Request for Quotation

Supplier:	Requesting Unit:
Address:	PR No.: 2019-09-218
Telephone No.:	Quotation No.: 2019-07-217
e-Mail:	Date: November 11, 2019
Date received by the Supplier:	ABC: 104,000.00

Please quote your lowest price on the item/s listed, subject to the General Conditions below, stating the shortest time of delivery and **submit your quotation in a sealed envelope** duly signed by your representative not later than Nov 20, 2019 @ 9am

  
**JULIET C. SANNAD**  
 Chief- Curriculum Implementation Division  
 Chairman, Bids and Awards Committee

**REQUIREMENTS:**

1. Mayor's / Business permit
2. PhilGEPS registration number or certificate

**Note:**

- ✓ Submit RFQ together with the requirements.
- ✓ All entries must be typewritten or legibly written.
- ✓ Indicate brand and model of item offered.
- ✓ Delivery period within \_\_\_\_\_ Calendar Days.
- ✓ Price validity shall be for a period of 30 Calendar Days.

POSTED IN PHILGEPS

Item No.	Qty.	Unit	Item Description	Unit Price	Total Price
1	11	Pieces	ThermoScan		
2	5	Pieces	Digital blood pressure apparatus cuff size fits standard to large arms		
3	13	Pieces	Pulse oximeter (with pulse rate and SPO2)		
4	1	Piece	Otoscope with ear piece protector		
5	1	Piece	Glucometer set		
6	1	Bottle	Glucometer strips 100 strips/ bottle		
7	1	Set	Heavy duty nebulizer, (preferably Ne-C25S type)		
<b>TOTAL</b>					

Purpose: Medical equipment for schools division health and nutrition section

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date/Telephone No.

Canvassed by: