

Republic of the Philippines Department of Education Cordillera Administrative Region **DIVISION OF BAGUIO CITY** #82 Military Cut-Off, Baguio City



REQUEST FOR QUOTATION

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

Supplier: Address: Telephone No.: e-Mail: Date received by the Supplier: Requesting Unit: PR No.: 2019-12-377 Quotation No.: 2019-07-321 Date: December 17, 2019 ABC: 157,120.00

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 ______.

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 <u>30</u> Calendar Days.

Item	Qty.	Unit	Item Description	Unit Price	Total Price
No.					
1	4	sets	Glass ionomer FUJI cement (powder & liquid)		
2	10	packs	Cotton rolls		
3	12	cans	Topical anesthesia (lidocaine HCL epinephrine 1:100,000 2% epinephrine)		
4	21	boxes	Local anesthesia (lidocaine HCL		
5	4	pcs	Dental syringe (self aspirating)		
6	12	boxes	Dental needle		
			Gauge 30 short .3x21mm		
7	8	packs	Dental bibs disposable		
8	10	boxes	Gloves disposable (small)		
	5	boxes	Gloves disposable (medium)		
	5	boxes	Gloves disposable (large)		
9	16	boxes	Disposable face mask		
10	4	pcs	Light curing machine (portable)		
11	1	set	Light curing composite set with flowable,		
			sealant, acid etchant & bonding agent		
12	1	pc	Autoclave sterilizer, 220v		
13	12	boxes	Paracetamol chewable 125mg		
14	8	boxes	Mefenamic 250mg		
15	4	boxes	Mefenamic 500mg		
16	8	boxes	Amoxicilin 250mg		
17	8	boxes	Amoxicillin 500mg		
18	8	Boxes	Betadine gargle 60 ml		
19	16	bottles	Alcohol		
20	16	Bottles	Fluoride gel		
				TOTAL	

Date of Activity: Purpose:

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

Signature over Printed Name

Tin

Canvassed by:

Date/Telephone No.