



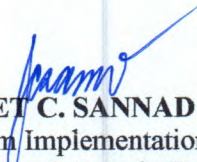
REQUEST FOR QUOTATION

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.: 2019-12-376
 Quotation No.: 2019-07-315
 Date: December 17, 2019
 ABC: 156,300.00

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 30 Calendar Days.

Item No.	Qty.	Unit	Item Description	Unit Price	Total Price
1	110	tab	Hyoscine N Butylbromide		
2	200	tab	AlMgoH + Simethicone 30 mg		
3	100	tab	Loratidine 10mg		
4	200	cap	Loperamide 2mg		
5	600	cap	Mefenamic Acid 500mg		
6	200	cap	Mefenamic Acid 250mg		
7	20	tube	Mupirocin cream 2% x 15mg		
8	15	tube	Clobetasol propionate cream 500		
9	100	tab	Domperidone 10mg		
10	100	tab	Orphenadrine citrate 35mg, Paracetamol 450mg		
11	100	tab	Fluimucil 600mg		
12	10	boxes	Paracetamol chewable 120mg		
14	10	pcs	Gentaamycin sulfate ophthalmic		
15	6	boxes	Tissue		
16	10	boxes	Gloves disposable (small)		
	5	boxes	Gloves disposable (medium)		
17	4	pcs	Thermoscan		
18	6	pcs	Digital blood pressure apparatus		
19	1	pc	Glucometer set		
20	1	pc	Heavy duty nebulizer		
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

Date/Telephone No.

Canvassed by: