




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.: 2020-12-273
 Quotation No.: 2020-08-249
 Date: December 10, 2020
 ABC: 9,800.00

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 12-14-2020.


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

REQUIREMENTS:

1. Mayor's / Business permit
2. PhilGEPS registration number or certificate
3. Omnibus Sworn Statement

Note:

- ✓ Submit RFQ together with the requirements.
- ✓ All entries must be typewritten or legibly written.
- ✓ 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	21	Pieces	Lab gown white (3 small, 15 medium, 3 Large)		
2	10	Packs	Antibacterial hand washing soap 500ml (refill pack)		
3	22	Pieces	Transparent acrylic full face shield (anti-fog, polycarbonate)		
				TOTAL	

Purpose: Medical supplies and materials for the medical officers and nurses

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

 Signature over Printed Name

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 Date/Telephone No.

Canvassed by: