




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: SGOD
PR No.: 2021-01-009
Quotation No.: 2021-01-008
Date: January 21, 2021
ABC: 196,500.00

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 January 29, 2021.


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.

POSTED IN PHILGEPS

Item No.	Qty.	Unit	Item Description	Unit Price	Total Price
1	131	Pax	Lipid profile (total cholesterol, LDL, HDL, Triglycerides)		
2	131	Pax	Fasting blood sugar		
3	131	Pax	Uric acid		
4	131	Pax	Creatine		
5	131	Pax	SGOT		
6	131	Pax	SGPT		
7	131	Pax	Complete blood count		
8	131	Pax	Urinalysis		
9	131	Pax	Chest X-ray		
				TOTAL	

Purpose: Procurement of laboratory examination services for the annual laboratory examination of DepEd Division Office personnel

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: