



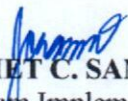
REQUEST FOR QUOTATION

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.: 2021-02-038
 Quotation No.: 2021-02-034
 Date: February 23, 2021
 ABC: 169,875.00

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 March 3, 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 | 755 | Packs | 4 ply surgical mask 50/pack | | |
| 2 | 755 | Bottles | Alcohol 500ml bottle with spray | | |
| TOTAL | | | | | |

Purpose: Procurement of additional medical supply for the implementation of minimum health standards in schools and at the division office mask and alcohol

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: