



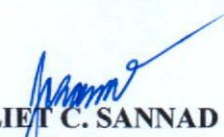
## REQUEST FOR QUOTATION

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.: 2021-02-030  
Quotation No.: 2021-02-033  
Date: February 23, 2021  
ABC: 16,500.00

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 February 24, 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.

Item No.	Qty.	Unit	Item Description	Unit Price	Total Price
1	2	Pieces	Automatic thermo scan with alcohol dispenser, with tripod stand (rechargeable)		
2	25	Packs	4 ply surgical mask 50/pack		
3	25	Bottles	Alcohol 500ml bottles with spray		
				<b>TOTAL</b>	

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

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: