



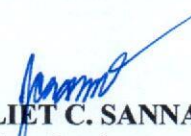
REQUEST FOR QUOTATION

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.: 2021-02-039
 Quotation No.: 2021-02-035
 Date: February 23, 2021
 ABC: 28,125.00

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 26, 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	125	Packs	4 ply surgical face mask 50/pack		
2	125	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 2

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: