

Republic of the Philippines

Devartment of Education

Cordillera Administrative Region SCHOOLS DIVISION OF BAGUIO CITY

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/R. Sinot

PR No.: 2023-02-029

Quotation No.: 2023-03-037

Date: March 7, 2023

ABC: 269,880.000

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 Manch 13, 2073 a 9am.

Chief- Curriculum Implementation Division

Chairman, Bids and Awards Committee

OM CTO.

REQUIREMENTS:

- 1. Mayor's / Business permit
- PhilGEPS registration number or certificate
- Omnibus Sworn

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.

Statement if above 50,000.00	POSTED IN FAILLULF C
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Item	Qty.	Unit	Item Description	Unit Price	Total Price
No.					
			Lipid profile (cholesterol, triglyceride,		
1	156	Pax	HDL/LDL)		
2	156	Pax	Fasting blood sugar		
3	156	Pax	Uric Acid		
4	156	Pax	Creatinine/BUN		
5	156	Pax	SGOT		
6	156	Pax	SGPT		
7	156	Pax	Complete blood count		7
8	156	Pax	Urinalysis		
9	156	Pax	Chest X-ray		
10	156	Pax	ECG		
1 10				TOTAL	









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After having carefully prices noted above.	read and accepted your General Conditio	ns, I/We quote you on the item at
		Signature over Printed Name
		Tin
Canvassed by:		Date/Telephone No.





