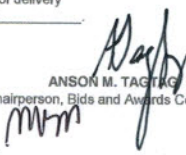


REQUEST FOR QUOTATION

Company Name _____

Address _____

Please quote your lowest price on the item/s listed below, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____


ANSON M. TAGTAG
Chairperson, Bids and Awards Committee

- NOTES: 1. ALL ENTRIES MUST BE TYPEWRITTEN OR PRINTED LEGIBLY.
2. DELIVERY PERIOD IS WITHIN 15 CALENDAR DAYS.
3. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS/ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY.
4. PRICE VALIDITY SHALL BE VALID FOR A PERIOD OF 30 CALENDAR DAYS.
5. PHIL-GEPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION.
6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED.

Title of Procurement:
Supply and Delivery of Medical Supplies (e.g. Alcohol, Facemask and Sodium Ascorbate etc.)

Purpose:
For official use of ABS Project

Approved Budget for the Contract (ABC):
P166,500.00

ITEM NO.	ITEMS/DESCRIPTIONS	QTY./ UNIT	UNIT PRICE	TOTAL PRICE
1	Alcohol, rubbing, 70% Ethyl, 500ml	100 Bottles	P _____	P _____
2	Facemask adult (100pcs per box) Specification: Duckbill 95% filtration 4 ply, non-medical Colors: black/ light brown/tan	40 boxes	P _____	P _____
3	Sodium Ascorbate + Vitamin D + Zinc (500mg/10mg tablet) 100 tablets/box	160 boxes	P _____	P _____
4	First Aid Kit Inclusions: 1 pc First Aid Kit Bag 5 pcs Bantam Strips 1 pc Menthol Strips 1 pc Tomiquet 3 pcs Gauze Pads (Sterile 4x4) 1 pc Eye Pad (Sterile) 1 pc Triangular Bandage 1 pc Elastic Bandage (4x5yds) 1 bottle Alcohol 120ml 1 bottle Aromatic Spirit of Ammonia (15cc) 1 tube Bum Ointment 15g 1 pc Plaster 12mm x 5mm 1 pc Ice Bag #16 1 bottle Povidone Iodine 10% 30ml 1 pack Cotton 10g 1-unit Digital Thermometer 1 pair Bandage Scissors 1 Thumb Forcep 1 pair Operating Scissors)	3 pcs	P _____	P _____
5	Medical Kit Inclusions: 10 caps Loperamide 2 mg 1 bot Calamine Lotion 30 ml 1 bot Povidone-Iodine 15 ml 1 bot Antacids (750mg, 100 tabs/bot) 1 bot antibacterial cream 10 tabs Loratadine 10mg 10 tabs Ibuprofen 200mg 10 tabs Paracetamol 500mg 10 tabs Mefenamic acid 10 tabs Phenylephrine + Chlorphenamine maleate + Paracetamol 20 pcs Oral Rehydration Salts Additional Requests from Procuring Entity: [] Please provide sample upon request of end-user [] Please see full specifications/attached sample design for reference. <input checked="" type="checkbox"/> Other conditions to this request, please state: For more info, please contact the end-user at 8924-6031 loc. 222 Kindly address all proposals to the Chairperson, Bids and Awards Committee Contract shall be awarded to the bidder per: [] Item basis <input checked="" type="checkbox"/> Lot basis Bidders must submit the following requirements upon submission of proposal. Non-submission of these requirements shall be grounds for disqualification from the bidding process: 1. DTI/SEC Registration Certificate 2. Valid and Current Mayor's Permit 3. PHILGEPS Certificate of Registration 4. BIR Certificate of Registration 5. Omnibus Sworn Statement <small>Important Note: -For goods, conform to the winning bidder must be done within seven (7) calendar days upon serving of the PO. -For services, conform to the winning bidder must be done within fourteen (14) calendar days upon serving of the JO. -Satisfaction of the OSR should be complied with after the award of the contract but before payment pursuant to Item 6.3 of GPPS 09-2020</small>	2 packs	P _____	P _____
			GRAND TOTAL:	P _____

Brand : _____
Delivery Period : _____
Warranty : _____
Price Validity : _____

After having carefully read and accepted your Request for Quotation, I/We quote you on the Item at prices noted above.

Printed Name/Signature _____

Tel. No./Cellphone No. _____

Email Address _____

Date _____