

103-220

Name of Procuring Entity: LGU-San Fernando Request for Quotation (P.R. No.): MFR-DR-00315-G-206

Revised on: _____ Date: Dec. 1, 2020

Standard Form/Title: **REQUEST FOR QUOTATION** Office/End-User: _____

COMPANY NAME:
ADDRESS:
TEL NO./FAX NO.:

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative not later than 10:00 A.M. of Dec. 4, 2020 in the return envelope attached herewith.

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written
2. Delivery period within 3 days upon receipt of the approved funded Purchase Order (P.O.)
3. Warranty shall be for a minimum of three (3) months for supplies & materials from dated of acceptance by the end-user. PhilGEPS Registration Certificate shall be attached upon submission of the quotation
4. Bidders shall submit original brochures showing certifications of the product, if applicable


For. Romero F. Navaja, MGA, REB.
 BAC Chairman

Item No.	ITEMS & DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
1	Ascorbic Acid 500mg	100	Box		
2	Multivitamins w/ ferrous tab.	100	Box		
3	Erythromycin tab. 500mg	30	Box		
4	Erythromycin Susp. 125mg	288	Bots		
5	Hydrocortisone ointment	30	Tube		
6	Chloramphenicol eye drops	30	Bot		
7	Mupirocin ointment 5gms	30	Bot		
8	Hamaquick stain	1	Kit		
9	Lugol's Iodine	1	ltrs		

TOTAL **₱ 85,380.00**

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

After having carefully read and accepted your General Conditions, I / We quote you on the item(s) at prices note above.

 Printed Name / Signature / Date