



Republic of the Philippines
Province of Pangasinan
MUNICIPALITY OF BAYAMBANG

REQUEST FOR QUOTATION

Business Name: _____

Date: _____

Business Address: _____

Please quote your **lowest price** on the items / listed below and submit your quotation duly signed by you or your representative not later than **3 DAYS** in the return envelope attached herewith, and sealed.

General Conditions:

1. Prices shall be inclusive of vat
2. Price validity shall be for a period of 60 calendar days
4. PHILGEPS Registration Certificate
5. DTI Registration and BIR Registration
6. Business Permit

After having carefully read and accepted the General Conditions, I/we submit our quotation/s for the item/s as follows:

UNIT	QTY	DESCRIPTION	Approved Budget for the Contract (TOTAL)	OFFER					
				PRICE			Compliance with technical specifications (Pls. check)		Remarks/Brand
				QTY	Unit Price	Total Price	Yes	No	
PC	1	COLLAPSE AMBULANCE STRETCHER							
SET	6	OXYGEN REGULATOR							
SET	4	BLOOD PRESSURE APPARATUS (DIGITAL, MANUAL)							
PCS	70	AMMONIA AROMATIC SPIRIT OF AMMONIA 15ML)							
BOXES	10	PLASTER (12 PCS)							
BOXES	23	GAUZE PAD (100 PCS)							
PCS	99	TRIANGULAR BANDAGE							
PCS	5	MEDICAL UTILITY BOX							
GALS.	5	BETADINE (4.5 LITERS)							
PCS	260	ADULT CANULA							
PCS	160	PEDIATRIC CANULA							
PACKS	21	COTTON BALLS JUMBO (300PCS)							
			102,070.00						
Warranty: _____				Delivery Period: _____				PhP	
Price Validity: _____									

Canvassed by: _____

Name and Signature

Printed Name/ Signature of the Supplier