



## REQUEST FOR QUOTATION

Date : \_\_\_\_\_

Please quote your price on the item/s listed below, subject to the General Conditions on the last page, starting the shortest time of delivery and submit your quotation duly signed by your representative not later than \_\_\_\_\_ in the return envelop attached herewith.

**ROMMEL T. REAMICO**  
Procurement Officer

- Note :
1. All entries must be typewritten.
  2. Delivery period within \_\_\_\_\_ 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 for a period of \_\_\_\_\_ calendar days.

QUANTITY	UNIT	DESCRIPTION	UNIT PRICE
10	box 144's	metronidazole syrup	_____
50	box 100's	metronidazole 500mg tablet	_____
50	box 25's	oral rehydration solution	_____
12	box 144's	paracetamol drops	_____
12	box 144's	paracetamol syrup 125mg/5ml	_____
50	box 100's	paracetamol 500mg tablet	_____

After having carefully read and accepted your General Conditions, I/we quote you on the item at prices noted above.

\_\_\_\_\_  
BUSINESS NAME: \_\_\_\_\_  
TIN: \_\_\_\_\_  
CONTACT NO.: \_\_\_\_\_