



Republic of the Philippines
Municipality of Capas
Province of Tarlac

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
5	sets	Basic Oral Surgery Set * 1 pc extraction forcep #16 with cross serration * 1 pc extraction forcep #17 with cross serration * 1 pc extraction forcep #18L with cross serration * 1 pc extraction forcep #18R with cross serration * 1 pc extraction forcep #44 with cross serration * 1 pc extraction forcep #69 with cross serration * 1 pc extraction forcep #150 with cross serration * 1 pc extraction forcep #151 with cross serration * 1 pc aspirating syringe, stainless steel * 1 pc root tip pick, straight, non-magnetic, hollow handle * 1 pc root tip pick, right, non-magnetic, hollow handle * 1 pc root tip pick, left, non-magnetic, hollow handle * 1 pc bone file, stainless steel * 1 pc cryer elevator, east, non-magnetic, hollow handle * 1 pc cryer elevator, west, non-magnetic, hollow handle * 1 pc elevator #304, non- magnetic, hollow handle * 1 pc elevator #301, non- magnetic, hollow handle * 1 pc iris scissors, straight, stainless steel * 1 pc adson tissue forcep, stainless steel * 1 pc seldin, stainless steel * 1 pc gum separator * 1 pc sterilization tray	_____

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.: _____

Canvassed by:
