



Republic of the Philippines  
Municipality of Capas  
Province of Tarlac

REQUEST FOR QUOTATION

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

Please quote your price on the items 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 no 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
74	bx.	antigen test kit	_____

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

Supplier: \_\_\_\_\_

TIN : \_\_\_\_\_