



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
20	pc	egg tray mattress	_____
20	pcs	hospital bed foam	_____
20	pcs	linament spray	_____
2	pcs	head block	_____
2	pcs	wheel chair	_____
1	pc	trauma shear	_____
10	pcs	rechargeable LED searchlight 3W 2000MAH	_____
10	gals	alcohol	_____
15	pcs	umbrella	_____

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

Canvassed by: \_\_\_\_\_