



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
40	box 50's	dental anesthesia	_____
30	box 100's	dental needle #27 long	_____
15	box 100's	dental needle #27 short	_____
30	box 100's	amoxicillin 250mg	_____
50	box 100's	amoxicillin 500mg	_____
30	box 100's	cefalexin 250mg	_____
50	box 100's	cefalexin 500mg	_____
30	box 100's	mefenamic acid 250mg	_____
50	box 100's	mefenamic acid 500mg	_____

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