



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
200	vials	lidocaine HCl 20mg, 50mL	_____
20	bxs	syringe 5cc	_____
100	bxs	chromic 2.0 cutting	_____
100	bxs	chromic 3.0 cutting	_____
40	bxs	syringe 3cc	_____
52	bxs	cefalexin 250mg	_____
32	bxs	mefenamic 250mg	_____

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: