



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
10	box 10's	ampicillin vial 1g	_____
10	box 10's	atropine sulfate ampule	_____
10	box 4's	sterilizing disinfectant solution	_____
50	big roll	cotton roll	_____
5	box 10's	epinephrine ampule	_____
15	tubes	erythromycin eye ointment	_____
50	box 100's	examination gloves	_____
10	big roll	gauze roll	_____
30	box 10's	gentamicin ampules	_____
5	box 10's	lidocaine vial 50mL	_____
20	box 10's	magnesium sulfate vial	_____
40	box 10's	oxytocin vial	_____
10	box 50's	surgical gloves	_____
15	box 100's	surgical caps	_____
20	box 100's	umbilical cord clamp	_____
20	box 10's	vitamin K ampule	_____

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:
