



Republic of the Philippines
 Province of Negros Occidental
 City of San Carlos

Telephone No. (034) 312-5205

REQUEST FOR QUOTATION

REF. NUMBER:	0218
DATE:	February 14, 2020
PURCHASE REQUEST NO.	9-19-10-0006
DATED:	October 28, 2019
ABC:	Lot 3-D
	VI
	VIII
	50,000.00
	15,000.00
	800,000.00
BAC RES. NO.	(2 Envelope System) 0137-20
DATED:	February 13, 2020
	TFB
	CITY HOSPITAL

Gentlemen:

Please quote your lowest price on the item/s listed below, subject to the General Conditions, stating the shortest time of delivery and submit your quotation duly signed by your representative.

MA. BRITA D. REBADOMIA

Supply Officer IV

BAC Secretariat & Procurement Div.-CMO

- NOTE:**
1. ALL ENTRIES MUST BE TYPEWRITTEN / HANDWRITTEN
 2. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY PROCURING ENTITY
 3. PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS
 4. ALL DELIVERIES MUST BE F.O.B. SAN CARLOS CITY, NEGROS OCCIDENTAL
 5. **PLEASE SUBMIT YOUR QUOTATION 3 WORKING DAYS UPON RECEIPT OF REQUEST FOR QUOTATION (RFQ)**

ITEM NO.	UNIT	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL
1	box	LOT 3-D Poly (glycolide-co-L-lactide) 3/0, Braided, Round, Absorbable 36 'S	5		
1	pcs	LOT 6 - HEMOSTATIC SPONGE Hemostatic Sponge 5 x 8 cm	30		
1	rolls	LOT 8 - GAUZE Hospital Gauze 24x28 Mesh 2 ply x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x	800		
PURPOSE		For use of the San Carlos City Hospital, this city.			

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

Printed Name/Signature

CANVASSED BY: _____
 Printed Name/Signature

 Tel.No./Cellphone No./E-Mail Address

 Date