



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

Telephone No. (034) 312-5205

RN:0563

REQUEST FOR QUOTATION

DATE:	June 1, 2017
PURCHASE REQUEST NO.	9-17-05-0925
DATED:	May 18, 2017
ABC:	Lot I 125,000.00 Lot II 16,500.00
BAC RES. NO.	0555-17
DATED:	June 1, 2017

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 BRITAD. REBADOMIA

Supply Officer III

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	meters	Lot I: Foam Cover (Leatherette Touch) Dark Green Color W54"	500		
1	rolls	Lot II: Quina Cloth (for curtains) Dark Green color W 60" * (60 yards per roll) x-x-x-x-x-x-x-x-x-x-x-x	5		
PURPOSE		For the use of San Carlos City Hospital of San Carlos 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