



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

Telephone No. (034) 312-5205

RN:0562

**REQUEST FOR QUOTATION**

DATE: June 1, 2017  
PURCHASE REQUEST NO. 9-17-05-0967  
DATED: May 25, 2017  
ABC: 91,000.00  
BAC RES. NO. 0557-17  
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	box	H.pylori Test Card 30/box	3		
2	box	Ultrafine Disposable Blood Lancets (twist type) 200/box	50		
3	box	Medical Strips (Plastic Strips) 100/box	300		
4	tray	Macrotainer Tube (RED TOP) glass 100/tray	15		
		<b>Note:</b> <b>We require reagents which have an expiry date of least 18months or longer from receipt of purchase.</b> <b>Delivery Term:15 Working Days</b>			
<b>PURPOSE</b>	For the use of Laboratory of San Carlos City Hospital.				

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

Printed Name/Signature

**CANVASED BY:**

Printed Name/Signature

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

Date