



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

Telephone No. (034) 312-5205

RN:1038

REQUEST FOR QUOTATION

DATE: September 27, 2017
PURCHASE REQUEST NO. 9-17-08-1481
DATED: August 15, 2017
ABC: 998,000.00
BAC RES. NO. 1038-17
DATED: September 26, 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	SERVING	MEALS	19000		
2	SERVING	SPECIAL FEEDING (OSTEORIZED FEEDING)	800		
<p>Note:</p> <p>1. SUBJECT FOR MONTHLY BILING,</p> <p>2. INCLUDE OBLIGATION OF ELECTRICITY AND WATER SUPPLY.</p> <p>3. THE WINNING BIDDER MUST COMPLY ALL THE REQUIRMENTS (see attached)</p> <p>X-X-X-X-X-X-X-X-X-X</p>					
PURPOSE		For the use of admitted patients of 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