



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

Telephone No. (034) 312-5205

RN:1459

REQUEST FOR QUOTATION

DATE:	December 13, 2017				
PURCHASE REQUEST NO.	9-17-10-1928				
DATED:	October 20, 2017				
ABC:	<table border="0"> <tr> <td>Lot I</td> <td align="right">156,000.00</td> </tr> <tr> <td>Lot V</td> <td align="right">19,200.00</td> </tr> </table>	Lot I	156,000.00	Lot V	19,200.00
Lot I	156,000.00				
Lot V	19,200.00				
BAC RES. NO.	1417-17				
DATED:	December 12, 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:

- ALL ENTRIES MUST BE TYPEWRITTEN / HANDWRITTEN
- 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
- PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS
- ALL DELIVERIES MUST BE F.O.B. SAN CARLOS CITY, NEGROS OCCIDENTAL
- PLEASE SUBMIT YOUR QUOTATION 3 WORKING DAYS UPON RECEIPT OF REQUEST FOR QUOTATION (RFQ)**

ITEM NO.	UNIT	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL
Lot I:					
Intra Ocular Lens (IOL) Diopters					
1	pc	Power: 24.5	20		
2	pc	Power: 24.0	20		
3	pc	Power: 23.5	20		
4	pc	Power: 23.0	20		
5	pc	Power: 22.0	20		
6	pc	Power: 22.5	20		
7	pc	Power: 21.0	20		
8	pc	Power: 21.5	20		
9	pc	Power: 20.5	10		
10	pc	Power: 22.0	10		
11	pc	Power: 19.5	10		
12	pc	Power: 19.0	10		
13	pc	Power: 18.5	10		
14	pc	Power: 18.0	10		
15	pc	Power: 17.5	10		
16	pc	Power: 17.5	10		
Lot V:					
1	box	Nylon 10-0 24's/box X-X-X-X-X-X-X-X-X-X-X	4		
Delivery Term: 15 Working Days					
PURPOSE	For the use of Ophthalmology Section 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