



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

Telephone No. (034) 312-5205

RN:0227

**REQUEST FOR QUOTATION**

DATE:	February 22, 2018
PURCHASE REQUEST NO.	1-18-01-0137
DATED:	January 17, 2018
ABC:	134,153.93
BAC RES. NO.	0185-18
DATED:	February 22, 2018

**CITY HEALTH OFFICE**

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	vial	<b>Delivery Term:15 Working Days</b> Vaccine, Vero Cell (purified) 2.5 IU/0.5ml Vial + diluent Preferred Expiry Date 2019 <b>Note:Preferred Expiry Date 2019</b> x-x-x-x-x-x-x-x-x-x	109		
<b>PURPOSE</b>		For the purchase of Anti-Uman Rabies vaccines as part of City Health Office Anti-Rabies Program.			

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