



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

Telephone No. (034) 312-5205


**REQUEST FOR QUOTATION**

REF. NUMBER:	<b>0287</b>
DATE:	<b>March 7, 2024</b>
PURCHASE REQUEST NO.	<b>1-24-01-0033</b>
DATED:	<b>January 9, 2024</b>
ABC:	<b>Lot I</b> 56,950.00
BAC RES. NO.	<b>TFB</b> 0232-24
DATED:	<b>March 7, 2024</b>

**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 BRITA D. REBADOMIA**  
 CGADH I-PMSD  
 BAC Secretariat & Procurement Div.-CMO(Reassigned)

- 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 7 CALENDAR DAYS UPON RECEIPT OF REQUEST FOR QUOTATION (RFQ) (EXCEPT FOR GASOLINE & DIESEL FUEL)**

ITEM NO.	UNIT	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL
		<b>LOT I</b>			
1	bot.	Absorbable gelaten sponge (Dental Pack)	10		
2	pack	Dental Bib 100's	20		
3	box	Dental Needle short, G-27, 100's	10		
4	pack	Disposable cups, plastic-size: 16", 25's	80		
5	pack	Disposable Saliva Ejector Tips 100's	6		
6	box	Examination Gloves Latex (xXL) 100's	10		
7	bottle	Hydrogen Peroxide-3% 10 vol. sol. 120 ml.	35		
8	tube	Oral Prophylaxis Paste (Medium Grit Non-Spletter Formula w/ Baking Soda) 50 gms	20		
9	box	Prophylactic Polishing cups-rubber, 100's	2		
10	box	Radiopaque Calcium Hydroxide Composition	4		
11	pack	Mini Kit-Finishing/Polishing Composite	5		
12	box	Surgical Blade #11 -Sterile 100's	2		
		x-x-x-x-x-x-x-x-x-x			
		<b>Delivery Term:15 Working Days</b>			
<b>PURPOSE</b>	For use of Dental Division of City Health Office.(CY 2024)				

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