



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


Telephone No. (034) 312-5205

REQUEST FOR QUOTATION	
REF. NUMBER:	0285 /
DATE:	March 7, 2024 /
PURCHASE REQUEST NO.	1-24-01-0093 /
DATED:	January 15, 2024 /
ABC:	Lot V / 52,084.89 /
	VII / 3,750.00 /
	VIII / 2,190.00 /
	X / 6,400.00 /
BAC RES. NO.	TFB / 0235-24 /
DATED:	March 7, 2024 /

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
1	box	LOT V / Vitamin B1 B6 B12 (250mg/250mg/1mg (equiv. to 1000mcg) / Tablet 80's /	/27		
1	tube	LOT VII / Whitfield Ointment 15 gms. Tube /	/30		
1	tube	LOT VIII / Sulfur Ointment 15 gms tube /	/30		
1	bottle	LOT X / Isopropyl Alcohol 70%, 500 ml. /	/15		
2	can	Disinfectant Spray 12 oz Note: LOT V, VI, VII, VIII not found in DPR I Booklet / X-X-X-X-X-X-X-X-X-X Notation: 1. Must submit latest CPR of each product issued by FDA during canvass. / 2. Supplier should be a CGMP Holder during canvass. / 3. Must submit sample of each product during canvass. / 4. Expiration at least two (2) years from date of delivery. /	/7		
<b>PURPOSE</b>		For use in connection with Leprosy Program 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