



**Republic of the Philippines**  
**Province of Negros Occidental**  
**City of San Carlos**  
**Telephone No. (034) 312-5205**


**REQUEST FOR QUOTATION**

REF. NUMBER:	<u>0431</u>
DATE:	<u>April 5, 2024</u>
PURCHASE REQUEST NO.	<u>9-24-02-0369</u>
DATED:	<u>February 19, 2024</u>
ABC:	<u>77,000.00</u>
BAC RES. NO. TFB	<u>0404-24</u>
DATED:	<u>April 4, 2024</u>

**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. 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	/pack	Disposable Foam Solid Gel Electrode for Stress/Holter Testing and Emergency (Short Term Monitoring Electrode) 50's <b>Note:</b> 1. Must provide sample within 5 working days. Item must be compatible with our machine. 2. Product must have at least 2 years expiration date from delivery date. X-X-X-X-X-X-X-X-X-X <b>Delivery Term: 15 Working Days</b>	70		

**PURPOSE** For use of the 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