



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

Telephone No. (034) 312-5205

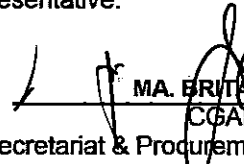
**REQUEST FOR QUOTATION**

REF. NUMBER:	<b>0432</b>
DATE:	<b>April 5, 2024</b>
PURCHASE REQUEST NO.	<b>9-24-02-0379</b>
DATED:	<b>February 20, 2024</b>
ABC:	<b>Lot XI</b>
BAC RES. NO.	<b>TFB</b> / <b>220,000.00</b> /
DATED:	<b>0405-24</b>
	<b>April 4, 2024</b>

**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:**
- 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 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	<b>LOT 11</b> Face mask, 4-ply, earloop, 50's/ box / <b>Note:</b> 1. Must submit a copy of latest CPR/CMDR/CMDN issued by FDA for all lots during canvass. 2. Must submit a sample of their products quoted during canvass or within five (5) working days thereafter except for suppliers who have already delivered the same brand/ name of medicines to the San Carlos City Hospital. Expiration date of samples must be at least 2 years. <b>Delivery Term: 15 Working Days</b> <b>X-X-X-X-X-X-X-X-X-X-X</b>	1000		
<b>PURPOSE</b>		For the use of San Carlos City Hospital. /			

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