



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

Telephone No. (034) 312-5205

REQUEST FOR QUOTATION

REF. NUMBER:	<u>0433</u>
DATE:	<u>April 5, 2024</u>
PURCHASE REQUEST NO.	<u>9-24-02-0385</u>
DATED:	<u>February 21, 2024</u>
ABC:	<u>61,400.00</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. BRITAN 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	unit	Delivery Term:15 Working Days Fire Extinguisher Dry Chemical 10 lbs	17		
2	unit	Refill of Fire Extinguisher Dry Chemical 10 lbs ✓ X-X-X-X-X-X-X-X-X-X-X	30		
PURPOSE		For 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