



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

Telephone No. (034) 312-5205

REQUEST FOR QUOTATION	
REF. NUMBER:	0377
DATE:	April 10, 2025
PURCHASE REQUEST NO.	1-25-03-0486
DATED:	March 3, 2025
ABC:	II 7,000.00
	III 2,550.00
	IV 8,450.00
BAC RES. NO.	TFB 0461-25
DATED:	April 10, 2025

Lot I-A	21,505.00
I-B	1,815.00
I-C	5,500.00
I-D	4,180.00

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
 CGAOH
 BAC Secretariat & Procurement Div.-CMO

- 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 AND DIESEL FUEL.**

ITEM NO.	UNIT	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL
1	box	LOT 1-A Multivitamins + Iron and Minerals film-coated tablet, B12 50 mcg, Ascorbic Acid 100 mg, Folic Acid, Iron 250 mg, Manganese Sulfate, Cupric Sulfate penthydrate box of 60's	20		
1	box	LOT 1-B Mefenamic Acid 500 mg. tablet, 100's	11		
1	box	LOT 1-C Amoxicillin trihydrate 500 mg capsule, 100's	20		
1	box	LOT 1-D Doxycycline 100 mg capsule, 100's	19		
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.					
1	box	LOT II Priport Ink black for DX2430	5		
1	bottle	LOT III Red Cane Vinegar 490 ml.	30		
1	roll	LOT IV Adhesive cloth plaster 2.5cm x 5m	15		
2	gallon	Cidex solution	1		
x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x					
Delivery Term: 15 Working Days					
PURPOSE	For use of City Health Office in connection with Responsible Parenthood & Family Planning Program(CY 2025)				

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