



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

REQUEST FOR QUOTATION

REF. NUMBER: 0700 /
DATE: July 11, 2025 /
PURCHASE REQUEST NO. 1-25-02-0451
DATED: February 28, 2025
ABC: Lot II-A / 13,376.00 /
II-C / 6,424.00 /
BAC RES. NO. NP-SVP 0861-25
DATED: July 10, 2025 /

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

BAC Secretariat & Procurement Div.-CMO

- 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 AND DIESEL FUEL.

ITEM NO.	UNIT	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL
1	tablet	LOT II-A Aciclovir 400 mg tablet /	400		
1	sachet	LOT II-C Acetylcysteine 200 mg Oral Powder sachet / 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 samples of each product during canvass. / 4. Expiration at least two (2) years from date of delivery. / X-X-X-X-X-X-X-X-X-X Delivery Term:15 Working Days /	400		
PURPOSE		For use in connection with City Epidemiology and Surveillance Unit of City Health Office (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