



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

Telephone No. (034) 312-5205

REQUEST FOR QUOTATION

REF. NUMBER:	<u>1218</u> /
DATE:	<u>October 4, 2024</u> /
PURCHASE REQUEST NO.	<u>9-24-09-1618</u> /
DATED:	<u>September 11, 2024</u> /
ABC:	<u>47,608.40</u> /
BAC RES. NO. NP-SVP	<u>1298-24</u> /
DATED:	<u>October 3, 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.

[Signature]
M.A. 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	/pcs.	Delivery Term:15 Working Days / Ink for Gestetner Copy Printer DX2430 /	/ 35		
2	/pcs.	Master for Gestetner Copy Printer DX2430 / x-x-x-x-x-x-x-x-x-x	/ 5		

PURPOSE 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