



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

Telephone No. (034) 312-5205

**REQUEST FOR QUOTATION**

REF. NUMBER:	<b>0085</b>
DATE:	<b>January 30, 2025</b>
PURCHASE REQUEST NO.	<b>1-25-01-0018</b>
DATED:	<b>January 8, 2025</b>
ABC:	<b>25,920.00</b>
BAC RES. NO. <b>NP-SVP/</b>	<b>0089-25</b>
DATED:	<b>January 30, 2025</b>

**CITY DISASTER RISK REDUCTION & MGT. 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.

*[Signature]*  
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	tank	<b>Delivery Term:10 Working Days/</b> <b>Medical Oxygen (Refill Only) /</b> 1,806 L per tank / 12.42 Mpa / 100% medical grade oxygen / X-X-X-X-X-X-X-X-X	/32		
<b>PURPOSE</b>		For the refill of medical oxygen tank to be used during emergency response and medical transport by the City Disaster Risk Reduction and Management Office.			

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