



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

Telephone No. (034) 312-5205

REQUEST FOR QUOTATION

REF. NUMBER:	0083
DATE:	January 30, 2025
PURCHASE REQUEST NO.	9-24-08-1479
DATED:	August 21, 2024
ABC:	Lot II 560,000.00
BAC RES. NO.	NP-SVP 0095-25
DATED:	January 30, 2025

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. BRITA D. REBADOMIA
 CGADHI
 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	box	Lot II: Glucose Strips with 14 pcs glucometer units with control (low, mid, high) expiration date must be 18 mos or longer from receipt of purchase order <p align="center">X-X-X-X-X-X-X-X</p> Delivery Term: 15 Working Days	400		
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

CANVASSER BY: _____
Printed Name/Signature

Tel. No./Cellphone No./E-Mail Address

Date