

Republic of the Philippines Province of Aegros Occidental City of San Carlos

Telephone 20. (034) 312-5205

	004) 512-5205
	REQUEST FOR QUOTATION
	REF. NUMBER: 0376
	DATE: April 10, 2025
	PURCHASE REQUEST NO. 1-25-02-0456
	DATED: February 28, 2025
	ABC: Lot I-A 10,500.00 55,000.00
	I-C 34,500.00
	BAC RES. NO. TFB DATED: 0461-25 April 10, 2025
Gentlemen:	CITY HEALTH OFFICE
	item/s listed below, subject to the General Conditions, stating
he shortest time of delivery and submit your quotati	on duly signed by your representative.
	MA. BRITA DIREBADOMIA
	CGADH I
	BAC Secretariat & Procurement DivCMO
NOTE: 1. ALL ENTRIES MUST BE TYPEWRITTEN / HA	NDWRITTEN /
2. WARRANTY SHALL BE FOR A PERIOD OF S	1 5 m (
Company of the Compan	E OF ACCEPTANCE BY PROCURING ENTITY
3. PRICE VALIDITY SHALL BE FOR A PERIOD	1 1-3 - 1 1-3 -
4. ALL DELIVERIES MUST BE F.O.B. SAN CAR 5. PLEASE SUBMIT YOUR QUOTATION	CALENDAR DAYS UPON RECEIPT OF REQUEST FOR QUOTATION (RFQ)
EXCEPT FOR GASOLINE AND DIESEL	
TEM UNIT ITEM & DESCR	PTION QTY. UNIT TOTAL
NO.	PRICE TOTAL
1 tablet Mebendazole 500 mg.	2100
Jabiet interestinazoie 300 mg.	[2100]
LOT I-B	
1 bottle Ferrous Sulfate with Folic Tab. 100's.	oot. /275
LOTI-C	/ / / / / / / / / / / / / / / / / / / /
1 bottle Multivitamins with Iron Syrup 120 ml.	460
Must submit latest CPR of each pr	oduct issued by EDA during canvass
Supplier should be a CGMP Holder	
3. Must submit sample of each produ	
4. Expiration at least two (2) years from	m date of delivery.
x-x-x-x-x-x-x-	
Delivery Term:15 W	orking Days
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For use of City Health Office in conn.	ction with Nutrition Program.(CY 2025)
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PURPOSE For use of City Health Office in confin	
PURPOSE	ted your General Conditions. I/We quote you on the item/s at
PURPOSE	ted your General Conditions, I/We quote you on the item/s at
After having carefully read and accep	
After having carefully read and accep	ted your General Conditions, I/We quote you on the item/s at Printed Name/Signature
After having carefully read and accep	

Date