



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

REQUEST FOR QUOTATION	
REF. NUMBER:	0471
DATE:	May 8, 2025
PURCHASE REQUEST NO.	1-25-02-0458
DATED:	February 28, 2025
ABC:	Lot II 30,000.00
BAC RES. NO.	TFB 0564-25
DATED:	May 8, 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. BRITAD REBADORIA
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	tablet	LOT II Vitamin B1,B6,B12 100mg/50mcg tab. 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 sample 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	20000		
PURPOSE		For use of City Health Office in connection with Men's Health Program.(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

Date