



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

REQUEST FOR QUOTATION

REF. NUMBER:	0146
DATE:	February 12, 2024
PURCHASE REQUEST NO.	9-23-07-1111
DATED:	July 12, 2023
ABC:	Lot VIII
BAC RES. NO.	TFB
DATED:	0099-24
	February 8, 2024
	83,600.00

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]
MA. BRITA D. REBADOMIA
 CGADH I-PMSS

BAC Secretariat & Procurement Div.-CMO(Reassigned)

- 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 & DIESEL FUEL)**

ITEM NO.	UNIT	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL
1	boxes	LOT 8 Face mask, 4-ply, earloop, 50's/ box Note: 1. Must submit a copy of latest CPR/CMDR/CMDN issued by FDA for all lots during canvass. 2. Must submit a sample of their products quoted during canvass or within five (5) working days thereafter except for suppliers who have already delivered the same brand/ name of medicines to the San Carlos City Hospital. Expiration date of samples must be at least 2 years. 3. Product must have at least 2 years expiration date from delivery date. X-X-X-X-X-X-X-X-X Delivery Term:15 Working Days	380		
PURPOSE		For use of the San Carlos City Hospital, this city.			

After having carefully read and accepted your General Conditions, I/We quote you on the item/s at prices noted above.

 Printed Name/Signature

CANVASED BY: _____
 Printed Name/Signature

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

 Date