## Republic of the Philippines Province of Negros Occidental City of Talisay

## REQUEST FOR QUOTATION

		Date:December 9, 2020 Quotation No				
stating th	uote your lowest price on the item/s listed below, subjective shortest time of delivery and submit your quotation deliber 11, 2020 in the return envelope attahed herewith.				_	
		ARCHIBALD M. TUVILLA General Services Officer				
Note:						
	ALL ENTRIES MUST BE TYPEWRITTEN     DELIVERY PERIOD WITHIN CALENDAR DA     WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONT		IPPLIES & M	ATERIALS AND		
	ONE (1) YEAR FOR EQUIPMENT FROM DATE OF ACCEPTANCE BY THE CITY OF TALISAY PRICE VALIDITY SHALL BE FOR A PERIOD OF CALENDAR DAYS G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF QUOTATION					
-	6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOV	VING CERT	IFICATIONS			
ITEM NO.	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT	
1	Fcae Mask	100	box.			
2	non sterile latex gloves	100	box.			
3	adult nasal cannula	100	pcs.			
4	pedia nasal cannula	50	pcs.			
5	non sterile 4x4 gauze	50	box.			
6	non sterile 2x2 gauze	50	box.			
7	elastic bandage 4x5	80	pcs.			
8	elastic bandage 3x5	60	pcs.			
9	elastic bandage 3x10	50	pcs.			
10	sam splint	30	pcs.			
11	digital thermometer	20	pcs.			
12	c collar adult	10	pcs.			
13	c collar child	5	pcs.			
14	micropore tape 1/2"	10	box.			
15	micropore tape 1"	10	box.			
16	povidone iodine	2	gal.			
17	pulse oximeter	7	pcs.			
18	cotton roll	4	roll			
19	ascorbic acid 500mg	20	box.			
20	ob delivery kit	25	kit			
	For the City Disaster Risk Reduction and Management					
	Office (CDRRMO) use, City of Talisay					
	xxxxxxxxxnothing follows xxxxxxxxxxxxxxxxxxxxxxxx					
			BRAND AND MODEL  DELIVERY PERIOD  WARRANTY  PRICE VALIDITY			
After hav	ving carefully read and accepted your general conditions	/ I/We quo		em PRINT NAME AND	SIGNATURE	

TEL. NO./ CELLPHONE NO. & EMAIL ADDRESS