

Republic of the Philippines
Province of Negros Occidental
City of Talisay

REQUEST FOR QUOTATION

Date : __December 9, 2020

Quotation No. _____

Please quote your lowest price on the item/s listed below, subject to the General Condition on the last page stating the shortest time of delivery and submit your quotation duly signed by your representative not later than __December 11, 2020 in the return envelope attached herewith.

ARCHIBALD M. TUVILLA
General Services Officer

Note:

- 1. ALL ENTRIES MUST BE TYPEWRITTEN
- 2. DELIVERY PERIOD WITHIN _____ CALENDAR DAYS
- 3. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS AND ONE (1) YEAR FOR EQUIPMENT FROM DATE OF ACCEPTANCE BY THE CITY OF TALISAY
- 4. PRICE VALIDITY SHALL BE FOR A PERIOD OF _____ CALENDAR DAYS
- 5. G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF QUOTATION
- 6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS

ITEM NO.	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT
1	Personal Protective Equipment (medical Grade)	200	set		
2	Clean Gloves, medium and large	200	box		
3	70% Isopropyl Alcohol	1840	gal.		
4	Face Shield (medical)	100	pcs.		
5	Surgical Face Mask	10	box		
6	Thermal Scanner		pcs.		
	For the use medical, Dental and Laboratory Supplies				
	of the City Health Office (CHO) use City of Talisay				
	xxxxxxxxnothing followingxxxxxxxxxxxxxxxxxxxxxxxx				

BRAND AND MODEL _____
DELIVERY PERIOD _____
WARRANTY _____
PRICE VALIDITY _____

After having carefully read and accepted your general conditions/ I/We quote you on item

PRINT NAME AND SIGNATURE

TEL. NO./ CELLPHONE NO. & EMAIL ADDRESS