

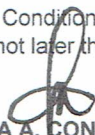
Republic of the Philippines
Province of Davao Occidental
MUNICIPALITY OF MALITA

Standard Form Number: SF -GOOD-60
Revised on : May 24,2004
Standard Form Title: REQUEST FOR QUOTATION

Date : _____
Quotation No. : _____
PR # _____

Company Name : _____
Address : _____

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


ANALIZA A. CONDINATO
BAC Chairperson

- Note
1. All entries must be typewritten
 2. Delivery Period within **10 days** calendar days
 3. Warranty shall be for the period six (6) months for supplies & materials, one (1) year for Equipment from date of acceptance by the procuring entity.
 4. Price validity shall be for the period of **90 days** calendar days.
 5. G-EPS Registration Certificate shall be attached upon submission of the Quotation.
 6. Bidders shall submit Original Brochures showing certifications of the product being offered.

ITEM NO.	QTY.	UNIT OF ISSUE	ITEM & DESCRIPTION	ESTIMATED COST	TOTAL
1	5	ampule	Atropine 1mg/ml		
2	5	ampule	Betamethasone/Dexamethasone 5mg/ml		
3	3	ampule	Calcium gluconate 10mg		
4	3	ampule	Diphenhydramine 50mg		
5	5	ampule	Epinephrine 1mg		
6	10	tube	Oxytetracycline ophthalmic ointment 3.5g		
7	20	bottle	Lidocaine 2% Solution 50ml/bottle		
8	10	ampule	Magnesium Sulfate 500mg 10ml/amp		
9	100	ampule	Oxytocin 10 i.u/ml injection		
10	3	ampule	Tranexamic acid injection 100mg/ml		
11	20	ampule	Phytomenadione 10mg/ml		
12	10	ampule	Gentamicin 40mg/2ml injection		
13	10	vial	Ampicillin 250/vial injection		
14	10	box	Ferrous sulfate + Folic acid 60mg+400mcg Tablet 100's		
15	10	box	Mefenamic acid 500mg capsule 100's		
16	5	box	Methyldopa tablet 250mg 100's		
17	1	box	Methylergometrine 125mcg/tablet 100's		
18	5	bottle	Sterile water for Injection 50ml/bottle		
19	6	box	Cephalexin 500mg capsule 100's		
20	5	box	Losartan 50mg tablet		
21	5	box	Amlodipine 10mg/tablet		
22	5	box	Nifedipine 10mg/tablet		
23	2	ampule	Hydralazine 20mg/ml		
24	2	bottle	Glucose 50% Solution 50ml		
25	2	ampule	Metronidazole 5mg/ml injetables		
26	2	box	Metronidazole 500mg tablet 100's		
27	6	box	Paracetamol 500mg tablet 100's		

Brand and Model: _____
Delivery Period : _____
Warranty : _____
Price Validity : _____

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

Printed Name and Signature

Tel. No. / Cellphone No.

Date