

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	pcs	bag valve mask adult		
2	5	pcs	bag valve mask pedia		
3	10	pcs	cervical collar medium		
4	10	pcs	cervical collar small		
5	100	packs	cotton ball/ 300's		
6	90	pcs	elastic bandage 4x5		
7	90	packs	elastic bandage 6x5		
8	10	pcs	guedel airway # 0		
9	10	pcs	guedel airway # 1		
10	10	pcs	guedel airway # 2		
11	10	pcs	guedel airway # 3		
12	20	pcs	guedel airway # 4		
13	20	boxes	micropore 1/2 x 10 3m 12's		
14	20	boxes	micropore 1 x 10 3m 12's		
15	10	pc	nasal airway 6.0mm		
16	10	pc	nasal airway 6.5mm		
17	10	pc	nasal airway 7.0mm		
18	105	pcs	oxygen mask adult		
19	8	pcs	oxygen regulator		
20	10	pcs	suction catheter pr 5		
21	40	boxes	gauze 4x4 100's		

Brand and Model: \_\_\_\_\_  
Delivery Period : \_\_\_\_\_  
Warranty : \_\_\_\_\_  
Price Validity : \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name and Signature

\_\_\_\_\_  
Tel. No. / Cellphone No.

\_\_\_\_\_  
Date