

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 Qoutation.
 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	10	btls	broom soft tambo		
2	9	pcs	Broom stick		
3	10	pcs	Detergent powder 1kg/pck		
4	20	pack	dishwashing paste 500ml kalamansi		
5	100	btls	Disinfectant spray 400 ml		
6	20	btls	Diswashing Liquid 475ml		
7	140	doz	hand gloves (transparent 100 pcs per box)		
8	60	box	insect spray 500ml		
9	15	btls	mop with handle		
10	10	pcs	cork board 60cm x 90cm		
11	30	pcs	hand soap 200ml		
12	60	pack	plastic ziplock 3in x 5in, 4mil.		
13	10	pcs	paper cutter A3 Metal base		
14	200	box	face mask KN95		
15	60	box	trash bag (large 26" x 32")		
16	30	roll	rags (plastic)		
17	100	CAN	Airfreshner 600ml		
18	10	GAL.	Alcohol 70% ISOPROPHYL 3.7L GREEN CROSS		
19	30	pack	Toilet Tissue (24rolls/pack)		

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