

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	348	bots	Carbocisteine 125mg syr 60ml		
2	348	bots	Phenylpropanolamine 12.5mg syr 60ml		
3	348	bots	Phenylpropanolamine drops 10ml		
4	348	bots	Ambroxol 15mg syr 60ml		
5	348	bots	Ascorbic Acid 100mg syr 120ml		
6	348	boxes	Ascorbic Acid + zinc 500mg tab 100's		
7	348	boxes	Amlodipine 10mg tab 100's		
8	348	boxes	Losartan 100mg tab 100's		
9	348	bots	Paracetamol 250mg susp 60ml		
10	348	bots	Paracetamol drops 10ml		
11	330	boxes	Paracetamol 500mg tab 100s		

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