



Republic of the Philippines
Province of Oriental Mindoro
Municipality of Gloria

Project Number: **2021-012-598**

Date: **June 18, 2021**

Project Title: **Supply and Delivery of Medical Supplies for Municipal Health Office use**

Quotation No.: **RFQ-2021-022**

Location: **Municipal Health Office**

PhilGeps Ref: No. 7778136

REQUEST FOR QUOTATION

Supplier: _____
Address: _____
Contact Number: _____
TIN Number _____

Please quote your lowest price on the items/ listed below, subject to the General conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than **June 23, 2021** in the return envelope attached herewith.

(SGD)

MANULITO S. RODRIGUEZ
MCR/BAC Chairman

Note:

- 1 All entries must be type written.
- 2 Delivery period is within Thirty **(30) calendar days**
- 3 Warranty shall be for the period of six months (6) months for supplies and materials, one (1) year for equipment, from date of acceptance by the procuring entity.
- 4 Price validity shall be for the period of thirty (30) calendar days.
- 5 G-eps registration certificate shall be attached upon submission of the quotation.
- 6 Suppliers shall submit original brochures showing certifications of the product being offered.

ITEM NO.	DESCRIPTION	QTY.	UNIT	UNIT PRICE	TOTAL PRICE
1	Clean Cloves, Large	30	box		
2	Clean cloves, Extra Large	10	box		
3	Dispensable Syringe 3cc	40	box		
4	Dispensable Syringe 1cc	2	box		
5	Surgical Mask	100	box		
6	Phytomenadione	50	amp		
7	Oxytocin	50	amp		
8	Head Cup	10	pack		
9	Cromic 3.0 round double head	3	box		
10	Betadine 7%	2	gal		
11	Micropore 1'	1	box		
12	Micropore 2'	1	box		
13	Lidocaine with Epinephrine	3	box		
14	Typing Sera	1	set		
15	Applicator Stick	4	pack		
16	Hot Water Bag	10	pcs		
17	Ice Bag	10	pcs		
18	Pulse Oximeter	10	pcs		

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 / Signature

Tel. No./Cellphone No.
e-mail address

Date