



Project Number: **2021-012-608**

Date: **June 22, 2021**

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

Quotation No.: **RFQ-2021-023**

Location: **Municipal Health Office**

PhilGeps Ref: No.

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 25, 2021** in the return envelope attached herewith.


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	Lidocaine + Epinephrine 50	80	box		
2	Inverted Cone Bar #9 (Diamond)	46	pcs		
3	Round Bar	70	pcs		
4	Clean Gloves XL	25	box		
5	Sealant	1	unit		
6	Cure Filling Material (universal)	10	box		
7	Bonding Agent	9	pcs		
8	Dental Needle G27	35	pack		
9	Egg Shaped High Speed (big)	5	pcs		
10	Cotton 400g	9	pack		
11	Saliva ejector tip	1	pack		
12	Debacterol	1	bot		
13	Isoprophyl Alcohol 70%	7	gal		
14	Surgical Mask	6	box		

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