



Project Number: **2021-012-798**  
 Project Title: **Supply and delivery of Medicines for Municipal Health office use**  
 Location: **Municipal Health Office**

Date: **July 29, 2021**  
 Quotation No.: **RFQ-2021-044**  
 PhilGeps Ref:

***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 **August 02, 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        | Amlodipine  | 100  | box  |            |             |
| 2        | Losartan    | 200  | 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