



Project Number: **2022-012-206**
Project Title: **Supply and Delivery of Medical and Laboratory Supplies for Municipal Health Office**
Location: **MHO**

Date: **March 5, 2022**
Quotation No.: **RFQ-2022-014**
PhilGeps Ref: No. **8493987**

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 **March 9, 2022** 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	3cc Disposable syringe	29	boxes		
2	1cc Disposable syringe 256 x 5/8	4	boxes		
3	Oxygen Cannula	18	pcs		
4	Betadine (povidone 10%)	1	gal		
5	Gauge 24 x 28 x 36 x in x 100 yard	1	roll		
6	Micropore (1 inch)	1	box		
7	Hepa B kit / 100's	1	box		
8	Gauge 4 x 4 / 100's	2	boxes		
9	Cord Clamp / 100's	1	box		
10	Clean Gloves (medium)	10	boxes		
11	Clean Gloves (Large)	4	boxes		
12	Linen White cotton camuros (24 x 24 m)	24	pcs		
13	Isopropyl Alcohol 70%	8	gal		
14	Cotton 400g	20	roll		
15	Disinfection Solution	5	gal		
16	Mask Surgical	80	pcs		
17	Head Cap	5	pack		
18	Cidex	1	gal		
19	Autoclave Tape 1 inch	2	roll		

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