



Republic of the Philippines
Province of Oriental Mindoro
Municipality of Gloria

Project Number: **2023-012-828**
Project Title: **Supply and Delivery of Dental Supplies for Municipal Health Office Use**
Location: **MHO**

Date: **June 20, 2023**
Quotation No.: **2023-N-015**
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 23, 2023** in the return envelope attached herewith.

(S) _____
MANULITO S. RODRIGUEZ
MCR/BAC Chairman

Note:

- 1 All entries must be type written.
- 2 Delivery period is within **Thirty (30) 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	Dental Anesthesia / 100	50	box		
2	Neddle g.27	25	box		
3	Clean Gloves (XL)	30	box		
4	Cotton (400g)	30	roll pcs		
5	Dental Syringe Flat	2	box		
6	Bactirol Liquid	1	set		
7	Forcep #16	1	set		
8	Forcep #150	1	set		
9	Forcep #65	1	set		
10	Forcep #69	1	set		
11	Forcep #18 R	1	set		
12	Forcep #18 L	1	set		
13	Cross bar elevetor Upper R Pointed Tips	1	set		
14	Cross bar elevetor Upper L Pointed Tips	1	set		
15	Cross bar elevetor Lower R Pointed Tips	1	set		
16	Cross bar elevetor Lower R Pointed Tips	1	set		

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