

REQUES	ATTACT	

Name o Addres	of Establi s:	shment:					- -		
Sir/Mad	dam:								
						ndition below stating the eturned envelope attache		of delivery and submit	
						_	waldum		
						MILAG	GROS C. ADD	URU	
						Chairman, Regiona	al Bids and Av	vards Committee	
	11014					Approved Budget for	В	id Amount	
Qty.	UOM					the Contract	PER UNIT	TOTAL	
	AND 1					WABBER) FOR PHILSYS Y-PROVINCIAL STATIST			
334	рс	Swab Antigen To	est Kit with Swabber	r		Php220,400.00			
							TOTAL _		
Note:	<ol> <li>Supply</li> <li>Price</li> <li>No public</li> <li>deliv</li> </ol>	olier must state ar es and specification	nd/or indicate the bra ons for the bid shoul made until full delive oved	om receipt of the Nor and and warranty of Id be valid for 60 day ery of item/s is/are co	each item/produ s		day of delay i	n the	
Aft	er havin	g carefully read a	nd accepted your Ge	eneral Conditions, I/\	We quote you or	the item at prices noted	above.		
						Printed Name/Signature			
M	IARIVIC	M. GARCIA				-	Tel. No./Cellph	none No.	
_		/asser					Date		