

REQUEST FOR QUOTATION

| Name of Address | f Establis : | hment: | | | | |
|--------------------|--|--|------------------------------|------------|--------------------------|--|
| Sir/Mada | am: | | | | | |
| | | e your lowest price on the item/s listed below, subject to the general condi- ned by your representative not later than 02 December 2020 in the return | | | delivery and submit your | |
| | | | - 4 | 7 | | |
| | Engr. GIRME M. BAYUCAN Vice-Chair, Regional Bids and Awards Committee | | | | | |
| Qty. | . UOM ITEM AND DESCRIPTION | | Approved Budget for | Bid Amount | | |
| Qιy. | UOIVI | SUPPLY AND DELIVERY OF COVID-19 RESPONSE | the Contract | PER UNIT | TOTAL | |
| | | IN THE PHILIPPINE STATISTICS AUTHORITY-PROVINCIALS (MUNICIPALITY OF ALICIA) | STATISTICS OFFICE OF | | | |
| 23 | pack | ALCOHOL, ethyl, 70%, 500ml | | | | |
| 184 | piece | ALCOHOL, ethyl, 70%+ pure IPA, 330 ml, with sprayer, ideal for electronics cleaning and flux thinning, plastic safe, non-ozone depleting | | | | |
| 64 | piece | GLOVES, NITRILE Disposable, Non-Sterile, Latex, Powder-Free, Ambidextrous, Rolled Bead Cuff, Finger Textured | | | | |
| 3036 | piece | SURGICAL MASK, DISPOSABLE, Medical Device Class 1. Earloop. 3-ply. Wired | | | | |
| 92 | piece | FACE SHIELD, DIRECT SPLASH PROTECTION Full Face Shield, Antifog, Latex-free, One Size Fits All, Soft | | | | |
| 16 | piece | Hand Soap, 750ml | 115,886.49 | | | |
| 92 12 | piece piece | Hand Sanitizer, 100ml Foot Bath with Disinfectant | | | | |
| 12 | piece | 1 OOL DALIT WILLT DISHIFECTATIC | | | | |
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| TOTAL | | | | | | |
| Note: | Suppl Prices No padelive | ery period is within 10 calendar days from receipt of the Notice to Proceed ier must state and/or indicate the brand and warranty of each item/product is and specifications for the bid should be valid for 60 days anyment shall be made until full delivery of item/s is/are completed. A penalty ry shall be improved is inclusive of VAT | (if applicable) being offere | | he | |
| Afte | r having | carefully read and accepted your General Conditions, I/We quote you on th | ne item at prices noted abo | ove. | | |
| | | | Printed Name/Signature | | | |
| MARIVICAN. GARCIA | | | Tel. No./Cellphone No. | | | |
| Canvasser Date | | | | | | |