

REQUEST FOR QUOTATION

Name of Establishment:	
Address:	

Sir/Madam:

Please quote your lowest price on the item/s listed below, subject to the general condition below stating the shortest time of delivery and submit your quotation duly signed by your representative not later than <u>02 December 2020</u> in the returned envelope attached herewith:

Engr. GIRME M. BAYUCAN					
Chain Dania	A Dida and	Auguala Ca			

Vice-Chair, Regional Bids and Awards Committee

Qty.	UOM	OM ITEM AND DESCRIPTION	Approved Budget for		Bid Amount				
		the Contract		PER UNIT	TOTAL				
	SUPPLY AND DELIVERY OF COVID-19 RESPONSE ITEMS FOR PHILSYS USE								
		IN THE PHILIPPINE STATISTICS AUTHORITY-PROVINCIAL	STATISTICS OFFICE OF	ISABELA					
	(MUNICIPALITY OF ANGADANAN)								
136	pack	ALCOHOL, ethyl, 70%, 500ml							
	piece	ALCOHOL, ethyl, 70%+ pure IPA, 330 ml, with sprayer, ideal for							
48	P	electronics cleaning and flux thinning, plastic safe, non-ozone depleting							
-10									
	piece	GLOVES, NITRILE Disposable, Non-Sterile, Latex, Powder-Free,							
2244	-	Ambidextrous, Rolled Bead Cuff, Finger Textured							
	piece	SURGICAL MASK, DISPOSABLE, Medical Device							
1122	piece	Class 1, Earloop, 3-ply, Wired							
		FACE SHIELD, DIRECT SPLASH PROTECTION Full Face Shield, Anti-	74,823.90						
68	piece	fog, Latex-free, One Size Fits All, Soft							
16	piece	Hand Soap, 750ml							
68	piece	Hand Sanitizer, 100ml							
9	piece	Foot Bath with Disinfectant							

TOTAL

1. Delivery period is within 10 calendar days from receipt of the Notice to Proceed (NTP) Note:

Supplier must state and/or indicate the brand and warranty of each item/product (if applicable) being offered
Prices and specifications for the bid should be valid for 60 days

4. No payment shall be made until full delivery of item/s is/are completed. A penalty of 1/10 of 1% of each day of delay in the

delivery shall be improved

5. Prices inclusive of VAT

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.

GA<u>RCIA</u> MARIVIC Canvasser

Date