REPUBLIC OF THE PHILIPPINES
PHILIPPINE STATISTICS AUTHORITY
REGION II - CAGAYAN VALLEY

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 **02 December 2020** in the returned envelope attached herewith:

Engr. GIRME M. BAYUCAN
Vice-Chair, Regional Bids and Awards Committee

Qty.	UOM	ITEM AND DESCRIPTION	Approved Budget for the Contract	Bid Amount	
				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 AURORA)					
104	pack	ALCOHOL, ethyl, 70%, 500ml	**56,153.10**		
48	piece	ALCOHOL, ethyl, 70%+ pure IPA, 330 ml, with sprayer, ideal for electronics cleaning and flux thinning, plastic safe, non-ozone depleting			
1716	piece	GLOVES, NITRILE Disposable, Non-Sterile, Latex, Powder-Free, Ambidextrous, Rolled Bead Cuff, Finger Textured			
858	piece	SURGICAL MASK, DISPOSABLE, Medical Device Class 1, Earloop, 3-ply, Wired			
52	piece	FACE SHIELD, DIRECT SPLASH PROTECTION Full Face Shield, Anti-fog, Latex-free, One Size Fits All, Soft			
8	piece	Hand Soap, 750ml			
52	piece	Hand Sanitizer, 100ml			
6	piece	Foot Bath with Disinfectant			

TOTAL _____

Note:
1. Delivery period is within 10 calendar days from receipt of the Notice to Proceed (NTP)
2. Supplier must state and/or indicate the brand and warranty of each item/product (if applicable) being offered
3. 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.

_____
Date

MARIVICM. GARCIA
Canvasser