



**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 **03 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
<b>SUPPLY AND DELIVERY OF COVID-19 RESPONSE ITEMS FOR PHILSYS USE IN THE PHILIPPINE STATISTICS AUTHORITY-PROVINCIAL STATISTICS OFFICE OF ISABELA (MUNICIPALITY OF SAN ISIDRO)</b>					
56	pack	ALCOHOL, ethyl, 70%, 500ml	<b>116,422.76</b>		
16	piece	ALCOHOL, ethyl, 70%+ pure IPA, 330 ml, with sprayer, ideal for electronics cleaning and flux thinning, plastic safe, non-ozone depleting			
924	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			
462	piece	FACE SHIELD, DIRECT SPLASH PROTECTION Full Face Shield, Anti-fog, Latex-free, One Size Fits All, Soft			
21	piece	Hand Soap, 750ml			
4	piece	Hand Sanitizer, 100ml			
3	piece	Foot Bath with Disinfectant			
			<b>TOTAL</b>		

**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 imposed
  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.

  
**MARIVIC M. GARCIA**  
 Canvasser

\_\_\_\_\_  
 Printed Name/Signature

\_\_\_\_\_  
 Tel. No./Cellphone No.

\_\_\_\_\_  
 Date