

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>03 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	UOM ITEM AND DESCRIPTION	Approved Budget for		Bid Amount			
uty.	0011		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								
		(CITY OF SANTIAGO)						
248	pack	ALCOHOL, ethyl, 70%, 500ml						
	piece	ALCOHOL, ethyl, 70%+ pure IPA, 330 ml, with sprayer, ideal for						
496		electronics cleaning and flux thinning, plastic safe, non-ozone depleting						
		GLOVES, NITRILE Disposable, Non-Sterile, Latex, Powder-Free,						
4092	piece	Ambidextrous, Rolled Bead Cuff, Finger Textured						
4092								
	piece	SURGICAL MASK, DISPOSABLE, Medical Device						
2046		Class 1, Earloop, 3-ply, Wired FACE SHIELD. DIRECT SPLASH PROTECTION Full Face Shield. Anti-	_					
124	piece	fog, Latex-free, One Size Fits All, Soft						
20	piece	Hand Soap, 750ml	-					
124	piece	Hand Sanitizer, 100ml	169,445.70					
15	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