

## REQUEST FOR QUOTATION

Name of Establishment: Address:					
Sir/Mad	łam:				
Ple your qu	ease quot otation d	te your lowest price on the item/s listed below, subject to the general couly signed by your representative not later than 26 May 2021 in the return	ned envelope attached he	shortest time of decrewith:  GROS C. ADDURU  al Bids and Awards	
Qty.	UOM		Approved Budget for	Bid An	nount
acy.	100111	W. Committee of the com	the Contract	PER UNIT	TOTAL
		SUPPLY AND DELIVERY OF PERSONAL PROTECTIVE EQUI FOR THE PHILIPPINE STATISTICS AUTHORITY-REGIONAL STATIST			
		TOR THE PHILIPPINE STATISTICS AUTHORITI-REGIONAL STATIST	ICAL SERVICES OFFICE	1 02 (PSA-RSSU II)	
144	box	KN95 Facemask			
144	box	Facemask, surgical, 3-ply			
144	рс	Faceshield, full face, heavy duty			
240	bot	Alcohol, isprophyl 500ml	PhP126,720.00		
240	рс	Tissue, 3-ply			
240	рс	Germicidal Soap, 90grams			
2880	рс	Ascorbic Acid + zinc			
Note:  1. Delivery period is within 15 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 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.					
	or maring	oaronany road and decepted your content containents, were quote you or		rinted Name/Signat	ture
PILAR Q. ADARME			Tel. No./Cellphone No.		
	Canv	asser	Date		