## **REQUEST FOR QUOTATION**

Name of Establishment: Address:						
Sir/Mada	am:					
		e your lowest price on the item/s listed below, subject to the general condi- lined by your representative not later than 31 August 2021 in the returned			elivery and submit you	
		MILAGROS C. ADDURU				
		•	Chairman, Regiona			
Qty.	UOM		Approved Budget for	Bid Amount		
Qty.			the Contract	PER UNIT	TOTAL	
		SUPPLY AND DELIVERY OF PERSONAL PROTECTIVE EQUI FOR THE PHILIPPINE STATISTICS AUTHORITY-REGIONAL STATIST			SO II)	
93	box	Facemask, surgical, 3-ply	PhP73,960.00			
93	рс	Faceshield, full face, heavy duty				
93	bot	Alcohol, isprophyl <b>500ml</b>				
113	рс	Tissue, 3-ply				
113	рс	Germicidal Soap, 90grams				
113	рс	Ascorbic Acid + zinc				
				TOTAL		
Note:	<ol> <li>Suppl</li> <li>Prices</li> <li>No pa delive</li> </ol>	ery period is within 15 calendar days from receipt of the Notice to Proceed fier must state and/or indicate the brand and warranty of each item/product is and specifications for the bid should be valid for 60 days yment shall be made until full delivery of item/s is/are completed. A penalt ry shall be improved inclusive of VAT	t being offered	ay of delay in	the	
Afte	r having	carefully read and accepted your General Conditions, I/We quote you on t	he item at prices noted ab	oove.		
	Printed Na				Signature	
PILAR Q. ADARME				Tel. No./Cellphone No.		
PILAR Q. ADARME  Canvasser			Date			