

REQUEST FOR QUOTATION

Name of Establishment: Address:					- -		
Sir/Mad	am:						
		your lowest price on the item/s listed below, ned by your representative not later than 16		ned envelope attached he	erewith:	DURU	
			T	Annual Dudout for		Bid Amount	
Qty.	UOM		Approved Budget for the Contract	PER UNIT	TOTAL		
SUPPLY AND DELIVERY OF RT-PCR ANTIGEN TEST KITS (WITH SWABBER) FOR 2020 CAF TASK FORCE/ SECOND LEVEL TRAINING FOR THE PHILIPPINE STATISTICS AUTHORITY-PROVINCIAL STATISTICS OFFFICE OF ISABELA							
216	pcs	RT-PCR Antigen Test Kit with Swabber		PhP129,600.00			
					TOTAL		
Note:	Note: 1. Delivery period is within 5 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						
Afte	er having	carefully read and accepted your General Co	nditions, I/We quote you on the	he item at prices noted ab	ove.		
	Printed Name/Signature						
	Timed Name, Orginalare						
MARIVIC M. GARCIA				Tel. No./Cellphone No.			
Canyassar				Date			