## **REQUEST FOR QUOTATION**

Name o Address	f Establis ::	nment:			•	
Sir/Mad	am:					
			/s listed below, subject to the general cond t later than <u>14 June 2021</u> in the returned e	nvelope attached herewith	: @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @	DURU
Qty.	UOM			Approved Budget for the Contract	PER UNIT	Bid Amount TOTAL
SUPPLY AND DELIVERY OF SWAB ANTIGEN TEST KIT (with swabber) FOR 2021 FIES AND JULY 2021 LFS ON JUNE 27-28,2021  FOR THE PHILIPPINE STATISTICS AUTHORITY-PROVINCIAL STATISTICS OFFICE OF CAGAYAN						
59	pcs	Swab Antigen Test Kit with Swab	ober	PhP88.500.00		
					TOTAL	
Note:	<ol> <li>Delivery period is within 10 calendar days from receipt of the Notice to Proceed (NTP)</li> <li>Supplier must state and/or indicate the brand and warranty of each item/product being offered</li> <li>Prices and specifications for the bid should be valid for 60 days</li> <li>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</li> <li>Prices inclusive of VAT</li> </ol>					
Afte	er having	carefully read and accepted yo	our General Conditions, I/We quote you on	the item at prices noted ab	ove.	
		Printed Name/Sign				/Signature
	NDADO	DECENA	Tel. No./Cellphone No.			
CONRADO A. DECENA Canvasser				Date		