

## 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 14 June 2021 in the returned envelope attached herewith:  MILAGROS C. ADDURU								
Chairman, Regional Bids and Awards Committee								
Qty.	UOM				Approved Budget for		Bid Amount	
					the Contract	PER UNIT	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 NUEVA VIZCAYA								
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60	pcs	Swab Antigen Tes	st Kit with Swabber		PhP90,000.00			
						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>							
After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.								
		Printed Name/Signature						
<u> </u>	NOEMI H. MEDINA					Tel. No./Cellphone No.		
Canvasser						Date		