

REQUEST FOR QUOTATION

| Name of Establishment: Address: | | | | | | | |
|---|--|-------------------|-----------------------|---|--------------------------|------------------------|-------------------------|
| Sir/Mad | am: | | | | | | |
| | | | | d below, subject to the general co ater than 14 June 2021 in the retur | ned envelope attached h | erewith: | DURU |
| Qty. | UOM | | | | Approved Budget for | | Bid Amount |
| | SUPPLY | | | I TEST KIT (with swabber) FOR 2 | | | TOTAL UNE 27-28,2021 |
| FOR THE PHILIPPINE STATISTICS AUTHORITY-PROVINCIAL STATISTICS OFFICE OF QUIRINO | | | | | | | |
| 61 | pcs | Swab Antigen Tes | st Kit with Swabber | | PhP91,500.00 | | |
| | | | | | | TOTAL | |
| Note: | Delivery period is within 10 calendar days from receipt of the Notice to Proceed (NTP) Supplier must state and/or indicate the brand and warranty of each item/product being offered Prices and specifications for the bid should be valid for 60 days 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 Prices inclusive of VAT | | | | | | |
| Afte | er having | carefully read ar | nd accepted your Gene | neral Conditions, I/We quote you on | the item at prices noted | above. | |
| | F | | | | | Printed Name/Signature | |
| MARISON S. LOMBOY | | | | | Tel. No./Cellphone No. | | |
| Canvasser | | | | | Date | | |