

REQUEST FOR QUOTATION

Name of Establishment: Address:							- -		
Sir/Mad	lam:								
Please quote your lowest price on the item/s listed below, subject to the general condition below stating the shortest time of delivery and submyour quotation duly signed by your representative not later than 17 December 2021 in the returned envelope attached herewith: MILAGROS C. ADDURU Chairman, Regional Bids and Awards Committee									
Otro	шом					Approved Budget for the Contract	Bid Amount		
Qty.	UOM						PER UNIT	TOTAL	
SUPPLY AND DELIVERY OF SWAB ANTIGEN TEST KIT (WITH SWABBER) FOR 2022 REGIONAL PLANNING WORKSHOP FOR THE PHILIPPINE STATISTICS AUTHORITY-REGIONAL STATISTICAL SERVICES OFFICE 02 (PSA-RSSO II)									
5	box	Swab Antigen Tes	st Kit with swabber, 2	25's/box		PhP81,250.00			
							TOTAL		
Note:	 Delivery period is within 5 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 								
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>	PILAR Q. ADARME						Tel. No./Cellphone No.		
Canvasser							Date		