

## REQUEST FOR QUOTATION

		HEADY NOT ICADYAN				
Name of Establishment: Address:				<del>.</del>		
Sir/Mada	am:					
		e your lowest price on the item/s listed below, subject to the general condi- ined by your representative not later than <b>02 December 2020</b> in the return			ivery and submit your	
			ENGR G	MRME M. BAYU		
Qty.	UOM	ITEM AND DESCRIPTION	Approved Budget for the Contract	PER UNIT	I Amount TOTAL	
		SUPPLY AND DELIVERY OF COVID-19 RESPONSE IN THE PHILIPPINE STATISTICS AUTHORITY-PROVINCIAL S (MUNICIPALITY OF THORIES A	TATISTICS OFFICE OF			
		(MUNICIPALITY OF TUGUEGAF	(AO)			
200	bottle	ALCOHOL, ethyl, 70%, 500ml				
64	bottle	ALCOHOL, ethyl, 70%+ pure IPA, 330 ml, with sprayer, ideal for electronics cleaning and flux thinning, plastic safe, non-ozone depleting				
3300	piece	GLOVES, NITRILE Disposable, Non-Sterile, Latex, Powder-Free, Ambidextrous, Rolled Bead Cuff, Finger Textured				
1650	piece	SURGICAL MASK, DISPOSABLE, Medical Device Class 1, Earloop, 3-ply, Wired				
16	bottle	Hand Soap, 750ml				
100		Hand Sanitizer, 100ml				
12	piece	Foot Bath with Disinfectant				
			93,761.50			
				TOTAL		
Note:	<ol> <li>Suppl</li> <li>Prices</li> <li>No padelive</li> </ol>	ery period is within 10 calendar days from receipt of the Notice to Proceed ier must state and/or indicate the brand and warranty of each item/product is and specifications for the bid should be valid for <b>60 days</b> syment shall be made until full delivery of item/s is/are completed. A penalty syment shall be improved is inclusive of VAT	(if applicable) being offere			
Afte	er having	carefully read and accepted your General Conditions, I/We quote you on the	ne item at prices noted abo	ove.		
			F	Printed Name/Signature		
ເດັ	NRADO	A/ A/DECENA	-	Tel. No./Cellpho	ne No.	
Canvasser				Date		