



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 **23 December 2020** in the returned envelope attached herewith:

Milagros C. Adduru
MILAGROS C. ADDURU

Chairman, Regional Bids and Awards Committee

| Qty. | UOM | ITEM AND DESCRIPTION | Approved Budget for the Contract | Bid Amount | |
|---|------|--|----------------------------------|------------|-------|
| | | | | PER UNIT | TOTAL |
| PERSONAL PROTECTIVE EQUIPMENT (HEALTH MEASUREMENT COVID-19) OF AGSTAT/PRICES STATISTICAL ACTIVITIES FOR THE PHILIPPINE STATISTICS AUTHORITY REGIONAL STATISTICAL SERVICES OFFICE II (PSA-RSSO II) AND PROVINCIAL STATISTICS OFFICE | | | | | |
| 64 | gal | ALCOHOL, isopropyl, 68%-72%, scented, 3.785 liters | PhP274,560 | | |
| 256 | bot | ALCOHOL, isopropyl, 68%-72%, 500ml (-5ml) | | | |
| 64 | gal | HAND SANITIZER, 3.785 liters | | | |
| 128 | roll | TOILET TISSUE PAPER, 2-ply, 100% recycled | | | |
| 256 | box | SURGICAL MASK, 3-ply | | | |
| 128 | box | KN95 FACE MASK | | | |
| 64 | pc | FACE SHIELD, direct splash protection, acrylic | | | |
| 128 | pc | FACE SHIELD, direct splash protection | | | |
| 256 | pc | BATHROOM SOAP, germicidal | | | |
| 5760 | pc | Sodium Ascorbate (vitamin C) | | | |

TOTAL _____

- Note:
1. Delivery period is within 5-10 calendar days from receipt of the Notice to Proceed (NTP)
 2. Supplier must state and/or indicate the brand and warranty of each item/product being offered
 3. Prices and specifications for the bid should be valid for 60 days
 4. 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 imposed
 5. Prices inclusive of VAT

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

PILAR Q. ADARME
 Canvasser

 Printed Name/Signature

 Tel. No./Cellphone No.

 Date