

REQUEST FOR QUOTATION

Name o	f Establi				
Sir/Mad	am:				
		te your lowest price on the item/s listed below, subject to the genuly signed by your representative not later than <u>08 March 2021</u> in	n the returned envelope attached		
Qty.	UOM	ITEM AND DESCRIPTION	Approved Budget for the Contract	Bid Amount PER UNIT TOTAL	
		SUPPLY AND DELIVERY OF PERSONAL PROTECTIVE EQUIPMENT FOR THE PHILIPPINE STATISTICS AUTHORITY – REGIONAL	MENT (PPE'S) (HEALTH MEASU	REMENT COVID-19)	
47	box	KN95 Facemask			
94	box	Facemask (surgical)			
47	DOX	Face Shield (full face, heavy duty)			
235	bot	Alcohol (isoprophyl, 500ml)			
47	box	Surgical Gloves	PhP129,015.00		
235	pc	Tissue (3 ply)			
235	pc	Germicidal Soap (90grams)			
2820	DC	Ascorbic Acid + zinc			
Note: 1. Delivery period is within five 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 improved 5. Prices inclusive of VAT					
Afte	er having	carefully read and accepted your General Conditions, I/We quote		rinted Name/Signature	
				Tel. No./Cellphone No.	
PILAR Q. ADARME Canvasser				Date	