



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

G/RME M. BAYUCAN
 Co-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) FOR THE PHILIPPINE STATISTICS AUTHORITY-PROVINCIAL STATISTICS OFFICE OF CAGAYAN (PHILSYS PRE-REGISTRATION TEAM USE)					
816	piece	Faceshield	PhP228,480.00		
816	box	Surgical Facemask, 3 ply, disposable, 50/box			
816	piece	Alcohol 70% 500ml			

TOTAL _____

- 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 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.


CONRADO A. DECENA
 Canvasser

 Printed Name/Signature

 Tel. No./Cellphone No.

 Date