REQUEST FOR QUOTATION

COMPANY: _______________________________
ADDRESS: _______________________________
CONTACT NO: _______________________________

Please quote your lowest government price for each of the following item(s) specified below. Submit it in a sealed envelope to BAC Secretariat Office or thru email at doh4a.rfq@gmail.com, not later than May 11, 2020.

IMPORTANT:
1. Price should be valid for thirty (30) calendar days.
2. Delivery Period is within ______ calendar days from receipt of Purchase Order (P.O.).
3. Warranty shall be for a period of _______ months, if applicable.
4. Total Price quoted is subject to withholding tax.
5. Attach a valid (a) Mayor's Permit (b) BIR Registration Certificate (c) Tax Clearance Certificate (d) DTI Certificate and (e) PhilGEPS Registration / Certificate, upon submission of the quotation.
6. New suppliers are required to submit a company profile.
7. Submit original brochures showing the product being offered, if applicable.

Item No. | Unit of Measure | ITEM AND DESCRIPTION | QTY | TOTAL ABC |
--- | --- | --- | --- | --- |
1 | pc | Cadaver Bag | 3 | 4,320.00 |
2 | pc | O2 Regulator | 15 | 25,200.00 |
3 | pc | Pulse Oximeter | 5 | 6,000.00 |
4 | pc | Thermal Scanner | 5 | 20,400.00 |

**TOTAL** 55,920.00

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

Supplier's Signature Over Printed Name

Date