

MUNICIPALITY OF GINATILAN
 Standard Form Number: SF-GOOD-60
 Revised Form Title: **Request for Quotation**

Project Reference Number: 2024-27
 Name of Project: Procurement of Medicine & Supplies
 Location of Project: Ginatilan, Cebu

Date: _____
 Quotation No.: _____

Please quote your lowest price on the items/s listed below, stating the shortest time of delivery and submit your quotations duly signed by your representative not later than _____ in the return envelope attached herewith.

 EDWARD P. SINGCO
 Procurement Officer

- NOTE: 1 DELIVERY PERIOD WITHIN _____ CALENDAR DAYS
 2 WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY
 3 PRICE VALIDITY SHALL BE FOR A PERIOD OF _____ CALENDAR DAYS

ITEM	UNIT	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL PRICE
1	box	Cefalexin 250mg capsule	40		
2	box	Cefalexin 500mg capsule	10		
3	bot.	Cefalexin 250mg/5ml, 60ml oral suspension	309		
4	box	Mefenamic Acid 250mg capsule	10		-
5	bot.	Lidocaine 50ml	30		-
6	box	Chromic Catgut Curve 26mm (3.0)	13		-
7	gallon	Povidone Iodine	1		-
8	box	Sterile Gauze 4x4	15		-
9	box	Sterile Gauze 2x2	5		-
10	pck	Cotton Balls (big)	15		-
11	pc	Plaster ½ inch size (hypo-allergenic)	51		-
12	box	Clean Gloves size large	3		
13	box	Clean Gloves size medium	3		-
14	bot.	Alcohol 70% 500ml (ethyl)	20		-
15	pck	Underpad (large)	3		-
16	box	Sterile Gloves 7.5	3		-
17	box	Sterile Gloves 7	3		-
18	gallon	Cidex Solution	1		-
					-
TOTAL				₱	-

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

Brand Model :
 Delivery Period :
 Warranty :
 Price Validity :

 Printed Name/Signature

 Tel. No./Cellphone No.:
 E-mail Address: _____
 Date: _____