

QUOTATION

No: 109-2021

Date 3-Nov-21

Please quote your lowest price on the item/s listed below, subject to general conditions, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than 3 working days


 GALILEO L. GO

BAC Chairperson

NOTE:

- 1 All Entries must be typewritten
- 2 Delivery period within 30 calendar days upon signing of PO
- 3 Warranty shall be for a period of 6 months for the supplies and materials and .
1 year for the equipment from the date of acceptance by the procuring entity
- 4 Price validity shall be a period of 60 cal. Days.
- 5 Approved Budget for the contract (ABC) Php 40,700.00
- 6 This Form to be Submitted Not Later than November 08, 2021

ITEM NO.	QUANTITY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL
1	2	boxes	Ritemed Clonidine 75mg tablet 100's		
2	2	boxes	Celecoxib 200mg tablet 100's		
3	3	boxes	Omeprazole 20mg tablet 100's		
4	1	box	Hyoscine 10mg tablet 100's		
5	2	boxes	Cinnarizine 25mg tablet 100's		
6	1	boxes	Bonamine 25mg tablet 240's		
7	5	boxes	Rosuvastatine 20mg tablet 30's		
8	2	boxes	Polynerv 500mg tablet 50's		
9	1	boxes	Doloneurobion tablet 100's		
10	2	boxes	Co Amoxiclav 625mg tablet		
11	5	boxes	Amlodipine 10mg tab		
12	5	boxes	Lozartan 50mg tablet		
13	5	boxes	Mefenamic 500mg Capsule		
14	5	boxes	Vitamin B1+B6+B12 tablet		
15	2	boxes	Cotrimoxazole 500 mg		
16	5	boxes	Loratadine 10 mg		
17	2	boxes	Atorvastatin 20 mg tab		
18	3	pcs	Fastum Gel		
19	2	pcs	Mupirocin 5g		
				Total	

Supplier Business Name:		Tin No.	
Address:			
Telephone Number:		E-mail	
Supplier's Authorized Representative's			
Signature over Printed Name:		Date	