

Provincial Government of La Union

Standard Form No.: SF-GOOD-60
 Revised on May 24, 2004
 Standard Form Title: **Request for Quotation**

Project Reference No. _____
 Name of Project _____
 Location of Project _____

Date: _____

Quotation No. 23 - 050

Company Name: _____
 Address: _____

Approved Budget: **P 486,350.00**

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the note below, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than **10:00AM** on _____ in an **envelope duly sealed or through email**


RESSIE A. ESTRELLA
 BAC CHAIRPERSON / Procurement Officer

NOTE:

1. ALL ENTRIES MUST BE TYPEWRITTEN OR PRINTED
2. DELIVERY PERIOD MUST BE WITHIN THIRTY (30) CALENDAR DAYS FROM DATE OF RECEIPT OF PURCHASE ORDER
3. WARRANTY SHALL BE A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AND MATERIALS & ONE (1) YEAR FOR EQUIPMENT.
 FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY
4. PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS
5. PHIL-GEPS REGISTRATION, CERTIFICATE/NUMBER SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION
6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES WITH CERTIFICATIONS OF THE PRODUCT BEING OFFERED, IF NEEDED
7. QUOTATION SHOULD BE INCLUSIVE OF APPLICABLE WITHHOLDING TAX RATES ON GOVERNMENT MONEY PAYMENTS
8. INDICATE BRAND OF ITEMS QUOTED
9. ANY INTERLINEATIONS, ERASURES OR OVERWRITING SHALL BE COUNTERSIGNED BY THE BIDDER.
10. TO BE AWARDED AS ONE (1) CONTRACT (ALL ITEMS TO BE QUOTED)

ITEM	QUANTITY	UNIT OF ISSUE	ITEM DESCRIPTION	ESTIMATED UNIT COST	ESTIMATED TOTAL COST
1	50	pc	Blood Transfusion Set 150ml		
2	5	box	Chromic 1/0, Round 12's		
3	25	box	Chromic 2/0, Cutting 12's		
4	25	box	Chromic 3/0, Cutting 12's		
5	15	pack	Disposable Electrodes 50's		
6	50	box	Disposable Syringe 10cc, 100's		
7	20	box	Disposable Syringe 1cc, 100's		
8	50	box	Disposable Syringe 3cc, 100's		
9	40	box	Disposable Syringe 5cc, 100's		
10	30	pc	Elastic Bandage with Velcro 4 x 5		
11	30	pc	Elastic Bandage with Velcro 6 x 5		
12	30	pc	ET Tube Fr. 6		
13	30	pc	ET Tube Fr. 6.5		
14	30	pc	ET Tube Fr. 7		
15	30	pc	ET Tube Fr. 7.5		
16	5	box	Insulin Syringe w/ G29 Needle, 1/2 ml, 100's		
17	2	box	IV Catheter G-18, 100's		
18	5	box	IV Catheter G-20, 100's		
19	5	box	IV Catheter G-22, 100's		
20	10	box	IV Catheter G-24, 100's		
21	10	box	IV Catheter G-26, 100's		
22	2,000	pc	IV Set, Adult		
23	300	pc	IV Set, Pedial		
24	20	pc	JP Drain		
25	200	pc	Nebulizer Kit		
26	20	pc	NGT Fr. 16, Silicon		
27	20	pc	NGT Fr. 18, Silicon		
28	100	pc	Oxygen Cannula, Adult		
29	100	pc	Oxygen Cannula, Pedial		
30	10	box	Polyglactic 2/0, Round 12's		
31	10	box	Polyglactic 3/0, Round 12's		
			to be continued to next page		
TOTAL					

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

Government Tax Chart:

Services : EWT 2% + (VAT 5% or NON-VAT 3%)
 Goods : EWT 1% + (VAT 5% or NON-VAT 3%)
 Media : EWT 2% + (VAT 5% or NON-VAT 3%)

Tel. No./ Mobile No./E-mail Address _____

