Republic of the Philippnes

UNIVERSITY OF SOUTHEASTERN PHILIPPINES

Obrero Campus, Bo. Obrero Davao City

Request for Quotation

PR NO. 2021-05-231

DATE: May 10, 2021

Company Name : _____

Address: _____

Please quote your lowest price on the items / listed below, subject to the General Condition on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than _____ in the return envelope attached herewith

DR. REYNILO D. GARCIA
BAC- CHAIRMAN

12 May 2021

Note :
1. **All entries must be typewritten.**
2. **Delivery Period within _____ calendar days upon receipt of Purchase Order.**
3. **Warranty shall be for 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 a period of 30 calendar days.**
5. **G-EPS Registration Certficate shall be attached upon submission of the Quotation.**
6. **Bidders shall submit Original Brochures showing certification of the product being offered (optional).**
7. **Mode of delivery: [ ] Pick-up (Schedule) [x] Door to Door Delivery**

Item No.	Unit	ITEM AND DESCRIPTION	QTY.	BID PRICE	
				UNIT PRICE	TOTAL AMOUNT
1	box	Uric acid strips (25's /box)	3		
2	box	Hemoglobin strips 25's /box	3		
3	box	FBS strips easy life /box	3		
4	box	Sterile gauze pad "4x4" (100's/box)	5		
5	pack	Cotton balls 250's /pack	12		
6	rolls	Elastic Bandage 2" x5 yards	19		
7	rolls	Elastic Bandage 4" x5 yards	25		
8	gal.	Lysol pine scent/galloon	3		
9	pcs.	Lysol Disenfectant Spray 510g	16		
10	gal.	Povidone Iodine 10% gal	2		
11	units	Easy Life (GSU) blood screening unit	2		
12	units	Desk type Aneriod BP apparatus	2		
13	pcs.	Emergency Go Trauma Bag	2		
14	unit	Weighing Scale with Height measuring stand	2		
		Nothing Follows			
		Total			

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

_____
Printed Name / Signature

_____
Tel. No. / Cellphone No.

Canvassed By:

_____
Authorized Canvasser

_____
TIN No. of Establishment

_____
Date