UNIVERSITY OF SOUTHEASTERN PHILIPPINES

Obrero Campus, Bo. Obrero Davao City Medical/Dental Clinic

Request for Quotation

				PR.NO	2021	2-005 //	
Company Name :					DATE: 02-17-24		
ddress: _							
elivery an	d submit	uote your lowest price on the items / listed below, subject to your quotation duly signed by your representative not later			DR. REYN	in the return envelope ILOD. GARCIA SHAIRMAN	
lote :	 Delive Warra Equip Price G-EPS Bidde 	tries must be typewritten. Ty Period within calendar days upon recently shall be for a period of six (6) months for supplies ment, from date of acceptance by the procuring entity. validity shall be a period of 30 calendar days. Registration Certficate shall be attached upon submisses shall submit Original Brochures showing certification of delivery: [] Pick-up (Schedule) [x] Door to Door	and materials, on sion of the Quotat	e (1) year ion.	for	x 3/4/20	
Item No.	Unit	ITEM AND DESCRIPTION	QTY.			PRICE	
	01111		Q111.	UN	NIT PRICE	TOTAL AMOUNT	
1	unit	150 watts UV Lamp sterilizer Remote timing disinfection	1				
2	pcs	Kn 95 mask	150				
3	boxes	Gloves-small	6				
4	pcs	Face shield- Delta Plus Brand	3				
5		Benzalkonium Solution	5				
6	pcs	Disposable scrubsuit	100				
7	unit	Aerosol suction machine	1				
				- 1			
	After ca	I refully read and accepted your General Condition, I/ W	e quote you on th	e item at p	orices noted a	bove.	
			P	rinted Nar	ne/Signature		
Authorized Canvasser				Tel. No	./Cellphone N	lo.	
			\	Tin No. o	of Establishme	ent	
					Date	1	