



Mandatory to fill in	
COMPANY NAME:	Quotation No. 20-364-12
ADDRESS:	Purchase Request No. F-2020-12-0215
CONTACT No.	Purpose: For Medical and Dental Use for COVID-19 preventive measure
TIN No.	ABC: 58,450.00
PhilGEPS Registration No.	Delivery Period: 7 Calendar Days upon receipt of Purchase Order
EMAIL ADDRESS:	

1. Please quote your lowest price on the item/s listed below comprising the necessary taxes.
2. It is mandatory to indicate the brand and/or model of the items being offered and to attach a brochure thereof whenever applicable
3. Indicate the warranty period in cases of equipment or whenever applicable.
4. Forthwith submit the accomplished quotation duly signed by your representative.
5. Suppliers are required and mandated to attach and submit the following documentary requirements:
a) Valid Mayor's/ Business Permit; b) BIR Certificate of Registration; c) Authority to Print Receipt; d) DTI/SEC Registration; e) PhilGEPS Membership Certificate; and f) PCAB License in cases of Infrastructure projects.
6. All items must conform with the internationally accepted standard and sub-standard items shall not be accepted.

ITEM NO.	ITEM & SPECIFICATION	QTY/UNIT	BRAND & MODEL OFFERED	UNIT PRICE	TOTAL PRICE
1	ACCU CHECK Glucometer Active	5 pc			
2	Hexetidine Oral Antiseptic 500ML	5 bottle			
3	Bleach Solution (3785 ml)	30 gal			
4	Isolation gown (disposable) (pack of 10)	10 pack			
5	Nitrile Gloves (Medium)	50 box			
6	Brown bag 50PCS/pack 19.5cmx10.5cmx5.5cm	10 pack			
7	Ultrasound Transmission Gel (water based, 250ml)	2 bottle			
8	Oxygen Nasal Cannula (Adult)	100 pc			
	NOTE:				
	1. EXPIRATION DATE MUST BE AT LEAST 2 YEARS FROM THE DATE OF DELIVERY				
	2. WITH LICENSE TO OPERATE ISSUED BY FDA				
	Please attach brochure or sample picture of the said item/s				

By the authority of the University President.

ASSOC. PROF. JOSEPH ROY F. CELESTINO
BAC Chairman

Canvassed by:

Name and Signature