



REQUEST FOR QUOTATION FOR THE PROCUREMENT OF GOODS AND SERVICES

****Mandatory to fill in****

COMPANY NAME:	Quotation No. 21-140-03
ADDRESS:	Purchase Request No. F-2021-03-0107
CONTACT No.	Purpose: medical and dental supplies for Covid-19 preventive measures
TIN No.	ABC: Php 64,500.00
PhilGEPS Registration No.	Delivery Period: 7 calendar days upon receipt of Purchase Order
EMAIL ADDRESS:	

INSTRUCTIONS TO SUPPLIERS:

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	Nitrile Gloves (Medium) (100pcs/box)	30/box			
2	SURGICAL FACEMASK 3 PLY (50pcs/box) Specifications: *Premium Series, Medical Grade *Bacterial Filtration Efficiency (BFE) is Greater than 99% *Fluid-Resistant *Latex Free *Disposable Non-Woven	100/box			
3	KN95 FACE MASK for Adult, 10/Box Specifications: *Premium Series, Medical Grade *Bacterial Filtration Efficiency (BFE) is 99% *5 Layers of Protection *Fluid-Resistant *Latex Free *Disposable Non-Woven	30/box			
4	Disinfectant spray 340g to 400g (Hospital Grade)	30/bottle			
5	Interfolded Paper Towels (175 pulls) (2 ply)	100/pack			
6	Clear Thicken Plastic Trigger Spray Bottle (500ml)	20/bottle			
7	Hexetidine Oral Antiseptic 500mL	30/bottle			
	NOTE:				
	1. By Lot				
	2. Expiration Date must be at least 2 years from the date of delivery				
	3. With license to operate issued by FDA				
	<i>Please attach brochure or sample picture of the said item/s</i>				

Accomplished by:

By the authority of the University President.

Supplier's Representative
(Print name and Signature)

DR. DOLLY P. MAROMA
BAC Chairman

Date Accomplished : _____

Canvassed by:

Name and Signature