

PHILIPPINE PORTS AUTHORITY

PORT MANAGEMENT OFFICE SOCSARGEN
 Port Area, Makar Wharf, General Santos City
 Tel. No.: (083)552-4484; 301-8671; FAX No. (083)552-4446; 301-2076; 301-2078

Standard Form Number: SF-GOOD-60
 Revised on May 24, 2004
Standard Form Title: Request for Quotation
PR NO. GEN-6768-22

REQUEST FOR PRICE QUOTATION

NAME OF SUPPLIER _____
 Office Address _____

RFQ NO. 0603002-22
Date Prepared: 3-Jun-22

Please quote your lowest price on the item/s listed below, subject to the General Condition on the last page, stating the shortest time of delivery and submit in a sealed envelope, your quotation duly signed by you/authorized representative not later than _____.

DEOLITO B. TORREFIEL
 BAC Chairman

NOTE:

1. ALL ENTRIES MUST BE WRITTEN/TYPEWRITTEN
2. DELIVERY PERIOD WITHIN THIRTY (30) CALENDAR DAYS
3. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY
4. PRICE VALIDITY SHALL BE FOR A PERIOD OF _____ CALENDAR DAYS
5. G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION
6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCTS BEING OFFERED.

Item No.	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE
1	Clean Gloves, Latex, large	15	BOX	
2	Gluco Strips, 25's	5	BOX	
3	Cholesterol Strips (1n1 Test Kit), 25's	8	BOX	
4	Betadine Solution (120ml)	10	BOT	
5	ALCOHOL, rubbing, 70% solution	20	GAL	
6	Clonidine 250mcg	100	PC	
7	Disposable Face Mask, 50's	50	BOX	
8	Vitamin C	100	BOX	
9	Antihistamine, 10mg, no drowse, 100's	5	BOX	
10	Carbocisteine, 500mg, 100's	5	BOX	
11	Hand Soap, 25g	20	PC	

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

 Printed Name/Signature

 Tel. No./Cellphone No.

Canvassed by: **OLIVER A. NADELA**
 Date Canvassed: _____

Email: _____

 Date