

Republic of the Philippines
Province of Negros Occidental
City of Talisay

REQUEST FOR QUOTATION

Date : _____

Quotation No. _____

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 your quotation duly signed by your representative not later than _____ in the return envelope attached herewith.

ARCHIBALD M. TUVILLA
General Services Officer

Note:

1. ALL ENTRIES MUST BE TYPEWRITTEN
2. DELIVERY PERIOD WITHIN _____ CALENDAR DAYS
3. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS AND ONE (1) YEAR FOR EQUIPMENT FROM DATE OF ACCEPTANCE BY THE CITY OF TALISA\
4. PRICE VALIDITY SHALL BE FOR A PERIOD OF _____ CALENDAR DAYS
5. G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF QUOTATION
6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS

ITEM NO.	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT
1	70% Isopropyl Alcohol 500ml.	100	btl.s		
2	Activated Glutaraldehyde Solution, 2.45% Solution	4	gals.		
3	Band Aid, 50 Strips	5	box		
4	Clean Gloves, mediun and large	20	box		
5	Cotton rolls 400 gms	35	roll		
6	Disinfectant Spray	6	bots.		
7	Disposable Syringe w/ needle 1 cc g23 x 1"	5	box		
8	Disposable Syringe w/ needle 3 cc g23 x 1"	10	box		
9	Disposable Syringe w/ needle 5cc g23 x 1"	10	box		
10	Disposable Syringe w/ needle 50 cc g23 x 1"	10	piece		
11	Face Masks	35	box		
12	Heparin lock	25	pc.		
13	Hospital gauze, 24x28 mesh	5	roll		
14	IV Canula g18	100	pc.		
15	IV Canula g20	125	pc.		
16	IV Canula g22	75	pc.		
17	IV canula g24	50	pc.		
18	IV canula g26	50	pc.		
19	IV Tubings, Macroset	150	pc.		
20	IV Tubing, Microset	100	pc.		
21	KY Jelly	10	tube		
22	Leukoplast	10	pc.		
23	Micropore plaster, 1 in x 10 yards, hypo-allergenic, 12s	10	box		
24	Nebulization kit set - pedia	2	set		
25	Nebulization kit set - adult	2	set		
	page 1 of 3				

BRAND AND MODEL _____
DELIVERY PERIOD _____
WARRANTY _____
PRICE VALIDITY _____

After having carefully read and accepted your general conditions/ I/We quote you on item

PRINT NAME AND SIGNATURE

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ITEM NO.	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT
26	Needle holder	2	pc.		
27	Nylon 3/0	5	pc.		
28	Nylon 4/0	5	pc.		
29	Oxygen mask (pedia and adult)	25	pc.		
30	Oxygen cannula (pedia and adult)	25	pc.		
31	Povidone Iodine, 10% Solution	4	gal.		
32	Silk 2/0	5	pc.		
33	Silk 3/0	5	pc.		
34	Spygmomanometer with Stetthoscope (adult)	5	pc.		
35	Suction tip fr 10	15	pc.		
36	Transderm - Nitro 5 Transdermal patch 5mg	5	pc.		
37	Tuberculine syringe	3	box		
38	Urine bag	10	pc.		
	Dental				
39	Aspirating dental syringe	1	pcs.		
40	Dental Needle g.27 long	7	box		
41	Dental Needle g.27 short	75	box		
	Laboaratory				
42	AFB Stain Set (Hot Method)	4	set		
43	Blood Glucose Strip, 50's for Glucosure Autocode Blood Glucose Monitoring (For Machine compatibility)	3	canister		
44	Blood Lancet, 200s	7	pack		
45	Blood typing sera with RH	1	set		
46	Capillary tube, 100s	10	bot/vial		
47	Disinfectant liquid-sodium hypochlorite liquid, APC 350ml.	6	bot.		
48	EDTA Tube	10	tray		
49	Glass Slide, 72s (Ground edge)	25	box		
50	HBs Ag Reagent (determined), 50 test	2	tube		
	page 2 of 3				

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ITEM NO.	DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT
51	Plastic Cup (8oz) 25s	50	pack		
52	Plastic cup (No. 3) 25s	50	pack		
53	Serum Pregnancy Test)	100	pcs.		
54	Redtap tube	4	tray		
55	RH Typing Sera	4	bot.		
56	Sealing Clay	4	pcs.		
57	Sputum Cup, 30 cc, screw type	2000	pcs.		
58	Umbilical Cord Clamp, sterile, disposable, 100s	2	box		
59	WBC Dilluting Fluid	5	btl.		
60	Wright Stain with Buffer	2	set		
61	Yellow Tip	2	pack		
	For the City Health Office (CHO) use, City of Talisay.				
	xxxxxxxxxxxxxxxxnothing follows xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx				
	page 3 of 3				

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