

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-7079-23

REQUEST FOR PRICE QUOTATION

NAME OF SUPPLIER _____ **RPQ NO.** 0801007-23
Office Address _____ **Date Prepared:** 8/3/2023

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	Disposable Surgical Gloves, small, 100's (branded)	3	Box	
2	Cotton balls, 100 balls, branded	5	Pack	
3	Alcohol Dispenser with Standee, branded	3	Piece/s	
4	Digital Thermometer, branded	20	Unit	
5	Empty Bottle Spray, 500ml	10	Bottle	
6	Mayo Table, branded	1	Piece/s	
7	Wall-mounted Hand Sanitizer Dispenser, branded	7	Piece/s	
8	Gauze Pad (8x4 ply) 100's, branded	2	Box	
9	Cholesterol Strips (10's) branded	5	Box	
10	Losartan, (100's) 50mg, branded	2	Box	
11	Loperamide, (100's) 2mg, branded	3	Box	
12	Clonidine, (100's) 50mcg, branded	1	Box	
13	Ceterizine, (100's) 10mg, branded	5	Box	
14	Carbocisteine, (100's) 500mg branded	5	Box	
15	Hand Sanitizer, Gel, branded	5	Gallon	
16	Face Mask, Disposable, 50s, branded	10	Box	
17	Disposable Surgical Gloves, Large, 100's (branded)	10	Box	

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.
 email:

Canvassed by: **OLIVER A. NADELA**

Date canvassed: _____

 Date