

MUNICIPALITY OF GINATILAN, CEBU  
 Standard Form Number: SF-GOOD-80  
 Revised on: May 24, 2004  
 Standard Form Title: **Request for Quotation**

Project Reference Number: 2021-27  
 Name of Project: Procurement of Drugs

Location of Project: Ginatilan, Cebu  
 Date: \_\_\_\_\_  
 Quotation No.: \_\_\_\_\_

Please quote your lowest price on the item/s listed below, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than \_\_\_\_\_ in the return envelope attached herewith:

EDWARD P. SINGCO  
 Procurement Officer

- NOTE: 1 DELIVERY PERIOD WITHIN \_\_\_\_\_ CALENDAR DAYS  
 2 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  
 3 PRICE VALIDITY SHALL BE FOR A PERIOD OF \_\_\_\_\_ CALENDAR DAYS

ITEM NO.	ITEM & DESCRIPTION	QTY/UNIT	UNIT PRICE	TOTAL PRICE
	Losartan 50mg	30 boxes		
	Losartan 100mg	30 boxes		
	Amlodipine 5mg	30 boxes		
	Amlodipine 10mg	30 boxes		
	Captopril 25mg	5 boxes		
	Metformin 500mg	30 boxes		
	Gliclazide 30mg	10 boxes		
	Clean gloves (medium)	10 boxes		
	Clean gloves (large)	10 boxes		
	Glucometer strips (one touch select)	10 bottle		
TOTAL				

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

Brand Model : \_\_\_\_\_  
 Delivery Period : \_\_\_\_\_  
 Warranty : \_\_\_\_\_  
 Price Validity : \_\_\_\_\_

\_\_\_\_\_  
 Printed Name/Signature  
 \_\_\_\_\_  
 Tel. No. / Cellphone No.  
 e-mail address: \_\_\_\_\_  
 Date: \_\_\_\_\_