

Republic of the Philippines MUNICIPALITY OF PASUQUIN Ilocos Norte



REQUEST FOR QUOTATION

Date: 08.20.2025

Qoutation NO. 2025 - 105

PR No: 2025.08.193

					PR No: 20	025.08.193
	Please qoute your lowest price on the item/s listed bed stating the shortest time of delivery and submit your qo ST 26, 2025 @ 2:00PM in the return envelope attached l	utation duly si				
				PA	TRICK SOUNT RATH	ITA MAPA
					BACCHAIRM	AN
NOTE:	1. All entries must be type written					
	2. Delivery period one (01) 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 one (1) month upon submission of the quotation					
	5. The following documents shall be attached upon submission of the quotation:					
	a. Mayor's / Business Permit					
	b. Department of Trade and Industry					
	c. Certificate of Registration					
	d. PhilGEPS registration certificate/number					
	e. Income / Business Tax Return					
	f. Omnibus Sworn Statement (if applicable)					
	6. Approved Budget of the Contract P 9,500.00					
ITEM NO.	ITEM & DESCRIPTION	Brand/ Model	QTY.	UNIT	UNIT PRICE	TOTAL COST
1	First Aid Kit		2	sets		
	(1 set Bp, 2 Medical Bag, 1 box 4x4 Gauze Pad,					
	2 packs Cotton Balls, 4pcs Micropore, 2 PNSS 1L	-,				
	2 box Gloves Large, 500ml, Alcohol, 2 box mask,					
	10 pcs Triangular Bandage, 120 ml Povidone					
	iodine)					
						V
					-	
					total	•
					Brand and Model	1
					Delivery Period	1
					Warranty	:
		10.1		.h.a. 14	Price Validity	1
After h	naving carefully read and accepted your General Condition	ons, I/We qou	ite you on t	ne item at	t prices noted above	•

MGPIN - 2025.08.145 BFP - Oplan Ligtas na Pamayanan SIMEX Printed Name/Signature

Tel. No./Cellphone No./Email Add.