

Republic of the Philippines MUNICIPALITY OF PASUQUIN Ilocos Norte



REQUEST FOR QUOTATION

Date: 08.01.2025

Qoutation NO. 2025 - 087

PR No: 2025.07.162

Please qoute your lowest price on the item/s listed beow, subject to the General Conditions or	the last
page, stating the shortest time of delivery and submit your qoutation duly signed by your representative	ve not later than
AUGUST 05, 2025 @ 2:00PM in the return envelope attached herewith.	Oll

PATRICK JOHN T, NATUITA, MAP

NOTE: 1. All entries must be type written

- 2. Delivery period fifteen (15) 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 55,000.00

ITEM NO.	ITEM & DESCRIPTION	Brand/ Model	QTY.	UNIT	UNIT PRICE	TOTAL COST
1	Cervical Collar, adult		12	set		Charles of the same of
2	Cervical Collar, Pedia		12	рс		
3	CPR Breathing Mask Resuscitator, Adult		5	рс		I Comment
4	CPR Breathing Mask Resuscitator, Child		5	рс		
5	Kendrick's Extrication device (KED)		1	gal		
/ 1			7.0		total	

Brand and Model	:
Delivery Period	
Warranty	THE PARTY OF THE P
Price Validity	-
orices noted above.	

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

MGPIN - 2025.07.127 Purchase of Medical Equipments

Printed	Name	/Signa	ture
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Tel. No./Cellphone No./Email Add.