

## Republic of the Philippines MUNICIPALITY OF PASUQUIN Ilocos Norte



## **REQUEST FOR QUOTATION**

Date: 08.27.2025

Qoutation NO. 2025 - 112

PR No: 2025.08.208

Please qoute your lowest price on the item/s listed beow, subject to the General Cond	itions on the last
page, stating the shortest time of delivery and submit your qoutation duly signed by your repr	resentative not later than
September 02, 2025 @ 2:00PM in the return envelope attached herewith.	Della 11

PATRICK JOHN T RATUITA 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	pcs		
2	Cervical Collar, Pedia		12	pcs		
3	CPR Breathing Mask resuscitator, Adult	All the second second	5	pcs	ă.	
4	CPR Breathing Mask resuscitator, Child		5	pcs		
5	KENDRICKS EXTRICATION DEVICE (KED)		1	set		
-						
-					total	

Brand and Model	
<b>Delivery Period</b>	<del>•</del>
Warranty	1
<b>Price Validity</b>	
prices 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/Signature

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