



Republic of the Philippines  
MUNICIPALITY OF PASUQUIN  
Ilocos Norte

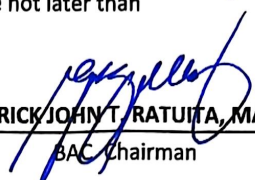
REQUEST FOR QUOTATION

Date: 07.20.2026

Quotation NO. 2026.074

PR No: 2026.07.209

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than July 23, 2026 @ 8:30AM in the return envelope attached herewith.

  
PATRICK JOHN T. RATUITA, MAPA  
BAC Chairman

- NOTE:
1. All entries must be type written
  2. Delivery period within 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 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. Certificate of Registration
    - c. PhilGEPS registration certificate/number
  6. Approved Budget of the Contract P 50,000.00

| ITEM NO. | ITEM & DESCRIPTION         | Brand/Model | QTY. | UNIT   | UNIT PRICE | TOTAL COST |
|----------|----------------------------|-------------|------|--------|------------|------------|
| 1        | Kiddie toothbrush          |             | 500  | pcs    |            |            |
| 2        | Isoprophyl alcohol 500ml   |             | 20   | pcs    |            |            |
| 3        | Latex gloves SM non-powder |             | 16   | box    |            |            |
| 4        | Facemask 3ply              |             | 20   | box    |            |            |
| 5        | Hydrogen peroxide          |             | 8    | gallon |            |            |
| 6        | Disposable cups (50pcs)    |             | 10   | pack   |            |            |
| 7        | Cidex                      |             | 1    | gallon |            |            |
| 8        | Tranexamic acid 500mg      |             | 1    | box    |            |            |
| 9        | Dental needle short        |             | 4    | box    |            |            |
|          |                            |             |      |        |            |            |
|          |                            |             |      |        |            |            |
|          |                            |             |      |        |            |            |
|          |                            |             |      |        |            |            |

Brand and Model: \_\_\_\_\_

Delivery Period : \_\_\_\_\_

Warranty : \_\_\_\_\_

Price Validity : \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name/Signature

\_\_\_\_\_  
Tel. No./Cellphone No./Email Add.

supply and delivery of dental supplies  
2026.07.176