CITY OF BATAC
Province of Ilocos Norte
CITY OF BATAC

Date.: OCT 0 5 2022

Quotation No.: RFQ -CSWD- 2022-10-001

REQUEST FOR QUOTATION

Supplier

Address

Contact no.

Name and Signature of Authorized Representative

Date of Quotation

Please quote your lowest price on the item/s listed below, subject to the General Conditions stating the shortest time of delivery and submit your quotation duly signed by your representative not later than OCT 1 2 2022 at _____ in the return envelope attached herewith.

MARLON F. SORIA
BAC Chairman

Ref. PR No.: 100-2022-09-044
Date:9/23/2022

ITEM NO.	UNIT OF ISSUE	DESCRIPTION	QUANTITY	UNIT PRICE
1	bottles	**MULTIVITAMINS SYRUP FOR KIDS 1-12 Y/O, 120 ML**	456	
2	pcs	**MNULTIVITAMINS TABLET FOR AGES 13 Y/O AND ABOVE**	4,320	

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

NOTE:
1. ALL ENTRIES MUST BE TYPEWRITTEN OR WRITTEN LEGIBLY.
2. DELIVERY PERIOD IS WITHIN 15 CALENDAR DAYS.
3. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AND MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM THE DATE OF ACCEPTANCE BY THE PROCURING ENTITY.
4. PRICE VALIDITY SHALL BE FOR A PERIOD OF 60 CALENDAR DAYS.
5. PROOF OF PHILGEPS REGISTRATION CERTIFICATE, MAYOR'S PERMIT AND INCOME/BUSINESS TAX RETURN AND OMNIBUS SWORN STATEMENT SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION.
6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED.
7. APPROVED BUDGET FOR THE CONTRACT: Php 180,000.00
8. FOR STIMULATION AND THERAPEUTIC ACTIVITY CENTER - PURCHASE OF MONTHLY SUPPLY OF MULTIVITAMINS

Canvassed by:

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