



Republic of the Philippines
MUNICIPALITY OF QUEZON
Province of Quezon

REQUEST FOR QUOTATION

Date : _____

(Supplier Name/Contractor Name)

(Address)

Please quote your lowest price on the item/s listed below, subject to the General Conditions on this page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than **February 15, 2022** in the return envelope attached herewith.

Engr. DREXLER O. OLIVEROS
BAC Chairman

Item No.	Item Description	Brand and Model	Quantity	Unit Price	Amount
1	Newborn Screening Kit		34 kits		
	--- Nothing follows ---				
TOTAL					

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

Supplier/Contractor
Printed Name & Signature

Tel No./Cellphone No.

Date