

Project Reference No. \_\_\_\_\_  
 Name of the Project Procurement of Drug Testing Kits for the Municipal Employees and Person who used Drugs (PWUD)  
 Location of the Project: Marcos Ilocos Norte

Standard Form Number: SF-Goods-61  
 Revised on: May 24, 2004

**REQUEST FOR QUOTATION**

Date: \_\_\_\_\_  
 Quotation No: \_\_\_\_\_

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

  
 ENGR. MARILLE MENOR  
 BAC Chairman

- NOTE: 1. ALL ENTRIES MUST BE TYPED  
 2. DELIVERY PERIOD WITHIN 10 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 90 CALENDAR DAYS  
 5. G-EPIS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION  
 6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED.

ITEM NO.	DESCRIPTION	QTY.	UNIT	UNIT PRICE	AMOUNT
1	Drug Testing Kit	363	pcs		

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.  
 e-mail address  
 \_\_\_\_\_  
 Date