

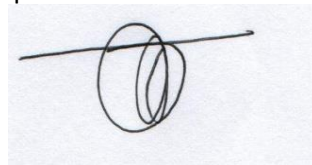
Standard Form Number: SF-GOOD-60
 Revised on: May 24, 2004
 Standard Form Title: Request for Quotation

Date: 24-April-2018
 Quotation No. 20180434

 Company Name

 Address

Please quote your lowest price on the item/s listed below, subject to the General Conditions written 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.



JOSISA C . CONCHADA
 Chairman, Bids & Awards Committee

General Conditions of the Contract:

1. ALL ENTRIES MUST BE TYPEWRITTEN
2. DELIVERY PERIOD WITHIN SEVEN (7) 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 LEYTE NORMAL UNIVERSITY
4. PRICE VALIDITY SHALL BE FOR A PERIOD OF THIRTY (30) CALENDAR DAYS
5. G-EPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION
6. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCT BEING OFFERED
7. THIS PROJECT IS 1 LOT

ITEM NO.	ITEM & DESCRIPTION	QTY	ABC	QUOTATION
1	Blood Chemestries (FBS, Toltal Cholesterol, Triglycerides, HDL, LDL, Creatinine, SGPT, BUA	270	750.00	202,500.00
2	Chest X-Ray View	260	175.00	45,500.00
3	Complete Bllod Count (CBC)	270	100.00	27,000.00
4	ECG-12 Leads	260	175.00	45,500.00
5	Mammography (Females 40 Y.o. & Up)	80	1,700.00	136,000.00
6	Pap Smear (By a Female OB-Gyne Specialist)	90	700.00	63,000.00
7	Prostate Specific Antigen (PSA)	70	800.00	56,000.00
8	Urinalysis	270	50.00	13,500.00
	TOTAL			589,000.00

Brand and Model : _____
 Delivery Period : _____
 Warranty : _____
 Price Validity : _____

After having carefully read and accepted your General conditions, I/we quote on the item/s at price noted above

Company Name

Tel. No./ Cellphone No.

Printed Name/Signature

Date

