

Standard Form Number: SF-GOOD-60

Revised on: May 24, 2004

Standard Form Title: **Request for Quotation**

Date: September 30, 2021

Quotation No. 202109122

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.



GENEROSO N. MAZO

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

ITEM NO.	ITEM & DESCRIPTION	QTY	ABC	QUOTATION
1	Pap Smear (to include specimen collection procedure and diagnostic test); by a female OB-GYNE specialist	71	63,900.00	
	TOTAL		63,900.00	

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