

Request for Quotation

| To: Tel. No.: Fax No. | | | tion #: | | September 6, 2022 PS 022-09-154 | | |
|--|--|-------------|--|-------------|------------------------------------|--------------|--|
| Attention: | | | | | | | |
| | | | | | | | |
| Sir/Madam: Please q representati | uote your lowest price on the items/s listed below, stating the shortest tive. | me of deliv | ery and | | | | |
| | | | RODRIGO L. OJENAL SAO, Administrative Division | | | | |
| | | | | | | | |
| To be filled | out by Supplier: | | | | | | |
| ITEM NO: | ITEM & DESCRIPTION | QTY | UNIT | BRAND | UNIT PRICE | TOTAL PRICE | |
| | Procurement of Anti - Covid Supplies: | | | | TRICE | | |
| 1 | ALCOHOL Isoprophyl: 70% Solution At least 1000 ml per bottle Gentle on skin; fragrant With FDA Certificate | 1000 | pcs | | | | |
| | Note: All suppliers/bidders are required to send a sample for technical evaluation of authorized representative of end-user. | | | | | | |
| | (Price Vat-Included) | | | | | | |
| Delivery Per Warranty: Price Validit | | | | | | | |
| | | SIG | NATUF | RE OF AUTH | ORIZED REF | PRESENTATIVE | |
| 2. Bidders m a. [] Mayor's b. [] PhilGEl c. [] Income d. [] Omnibu | ote within days from the date of RFQ. ust submit current and valid documentary legal requirements upon send if Business Permit; PS Registration Number: Membership: [] Platinum [/ Business Tax Return (for Small Value Procurement); is Sworn Statement for Small Value Procurement (for above P50K); who have previously submitted the above legal requirements may no located. |] Red | | | 1 . | | |
| | | | | | | | |
| Sir, I hereby o representativ | pertify under oath that I have personally conducted this canvass, which the of the company submitting the quotation is genuine. | he price/s | | S ISRAEL | correct, and | · | |
| <i>For more info</i> r Telephone: | mation, you may contact us: 8836-3314 | | , | J. J. W. L. | OI OANVAC | JOLIN | |
| Telefax: | 8813-1174 bur quotation to: | | | | | | |

osg.procurement@gmail.com

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