

Republic of the Philippines  
Province of Camarines Norte  
Daet  
**PROVINCIAL GENERAL SERVICES OFFICE**

**REQUEST FOR PRICE QUOTATION**

TO: \_\_\_\_\_  
\_\_\_\_\_

PR # 15010066  
Date 1/14/2015

Please quote your lowest price/s reasonable to the Provincial Government for the following items called for and your terms of sales. (Term of sales \_\_\_\_\_).  
FOR AND IN THE ABSENCE OF THE PROVINCIAL GENERAL SERVICES OFFICER"

**ENGR. EDEN F. BORJA**  
Supervising Administrative Officer

By: **JOSE RENE G. RUIDERA, D.P.A.**  
Provincial General Services Officer

Item No.	ARTICLES Description/Brand/Specification	Qty.	Unit	Unit Price	AMOUNT
1	Ampicillin vial 500mg	50	vial		
2	Cefuroxime vial 750mg	40	vial		
3	Celecoxib tablet 200mg 30's	3	box		
4	Erythromycin Eye Ointment	50	tubes		
5	Nitroglycerin 5mg	50	patch		
6	Dydrogesterone 10 mg tablet	2	box		
7	D 50 50	70	vial		
8	Ranitidine tablet 150mg 100's	3	box		
9	Ferrous Sulfate 500mg tablet	10	box		
10	Furosimide ampule 10mg	50	ampule		
11	PPA+Para+CPM Tablet	3	box		
12	Oxytocin	30	ampule		
13	Paracetamol ampule 150mh/12ml	50	ampule		
14	Paracetamol ampule 100mg/10ml	25	bot		
15	Paracetamol syrup 125mg/60 ml	25	bot		
16	Paracetamol syrup 250mg/5 ml	25	bot		
17	Ferrous Sulfate 500mg tablet	10	box		
18	PenG 5M Units/vial	20	vial		
19	Salbutamol nebule 30's	4	box		
20	ATS 3000 UNITS	35	ampule		
Note: Please include VAT in quotation/s.					

I hereby certify that I am in a position to furnish the above articles at the price shown and in the qualities called for within \_\_\_\_\_ days after acceptance of Purchase Order except those marked "NONE".

CANVASSED BY: \_\_\_\_\_

Signed this \_\_\_\_\_ day \_\_\_\_\_, 2015.

\_\_\_\_\_  
Signature of Dealer/Supplier

Republic of the Philippines  
Province of Camarines Norte  
Daet  
**PROVINCIAL GENERAL SERVICES OFFICE**

**REQUEST FOR PRICE QUOTATION**

TO: \_\_\_\_\_  
\_\_\_\_\_

PR # 15010066  
Date 1/14/2015

Please quote your lowest price/s reasonable to the Provincial Government for the following items  
called for in the absence of a PRQ. (Term of sales \_\_\_\_\_).  
"FOR AND IN THE ABSENCE OF A PRQ, THE PROVINCE OF CAMARINES NORTE"  
"GENERAL SERVICES OFFICE"

**ENGR. EDEN F. BORJA**  
Supervising Administrative Office

By: **JOSE RENE G. RUIDERA, D.P.A.**  
Provincial General Services Officer

Item No.	ARTICLES Description/Brand/Specification	Qty.	Unit	Unit Price	AMOUNT
21	Tetanus toxoid	35	ampule		
22	Hyoscine 10mg	50	ampule		
23	Choramphenicol 500mg caps	3	box		
24	Choramphenicol 500mg vial	50	vial		
Capalonga Medicare Community Hospital.					
Note: Please include VAT in quotation/s.					

I hereby certify that I am in a position to furnish the above articles at the price shown and in the qualities called for within \_\_\_\_\_ days after acceptance of Purchase Order except those marked "NONE".

CANVASSED BY: \_\_\_\_\_

Signed this \_\_\_\_\_ day \_\_\_\_\_, 2015.

\_\_\_\_\_  
Signature of Dealer/Supplier