

Republic of the Philippines
Province of Camarines Norte
D a e t
PROVINCIAL GENERAL SERVICES OFFICE

REQUEST FOR PRICE QUOTATION

TO: _____

PR # 15020223
Date 2/3/2015

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 _____).

By:

gfb
ENGR. EDEN F. BORJA
Acting General Services Officer

Item No.	ARTICLES Description/Brand/Specification	Qty.	Unit	Unit	AMOUNT
1	Ciftriaxone 1g vial	300	vial		
2	Hydrocortisone 100mg vial	300	vial		
3	Hyoscine 10mg amp	300	amp		
4	Metronidazole 125mg/5ml susp60ml	50	btl		
5	Ranitidine 50mg amp	300	amp		
6	Ciprofloxacin tab 500mg	5	tab		
7	Diazepam amp 10mg/2ml	50	amp		
8	Clonidine inj 150mcg/ml	200	amp		
9	Nicardipine amp 10mg/ml	50	amp		
10	Cefuroxime 750mg vial	300	vial		
11	Metoclopramide amp	100	amp		
12	Ammynophylline amp 10mg/ml	100	amp		
13	Dexamethasone inj 4mg/ml	100	amp		
14	Oxycytin inj 10iu	100	amp		
15	ATS 5000iu	50	amp		
16	Sterile Water 50ml	200	vial		
17	Phytomenadione 10mg/ml inj	50	amp		
18	Cefalexin cap 500mg	10	box		
19	Macroset	500	pc		
20	IV Cannula g-26	300	pc		
21	Furosimide amp 20mg/2ml	200	amp		
22	ATS 1500iu	100	amp		
23	Ampicillin 500g	200	vial		
For use in Labo District 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 _____, 2014.

Signature of Dealer/Supplier