

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

**REQUEST FOR PRICE QUOTATION**

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

PR # 15061133  
Date 6/1/2015

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:   
**ENGR. EDEN F. BORJA**  
Acting-Provincial General Services Officer

Item No.	ARTICLES Description/Brand/Specification	Qty.	Unit	Unit Price	AMOUNT
1	Cefuroxime 500mg tablet	1,500	vial		
2	Cefuroxime 750mg vial	3000	vial		
3	Chloramphenicol 1gm vial	500	vial		
4	Ciprofloxacin 2mg/2ml vial 100ml	50	tab		
5	Ciprofloxacin 500mg tablet	1500	tab		
6	Clarithromycin 500mg tablet	500	amp		
7	Clindamycin 150mg/ml ampule	50	cap		
8	Clindamycin 300mg capsule	500	cap		
9	Cloxacillin 50mg capsule	2000	tab		
10	Co-Amoxiclav 625mg capsule	1000	amp		
11	Gentamicin 40mg/ml ampule	500	bot		
12	Metronidazole 125mg/5ml susp.	72	amp		
13	Metronidazole 500mg tablet	1000	tab		
14	Metronidazole 5mg/ml vial 100ml	1500	vial		
15	Oxacillin 500mg vial	500	vial		
16	Amlodipine 10mg tablet	1000	tab		
17	Amlodipine 5mg tablet	1500	tab		
18	Clonidine 75mcg tablet	200	tab		
19	Clopidogrel 75mg tablet	1000	tab		
20	Digoxin 250mcg ampule	50	amp		
21	Digoxin 250mcg ampue	500	tab		
22	Hydralazine 20mg/ml ampule	300	amp		
	PHARMACY SECTION USE 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.

xxx

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