



Republic of the Philippines
 DEPARTMENT OF SCIENCE AND TECHNOLOGY
 Regional Office No. XI



DMC Compound, Corner Dumanlas & Friendship Rd.,
 Bajada, Davao City
 Tel. Nos. 226-3921 / 227-5672 / Fax (082) 221-5295 / 226-3921

Request for Quotation

RFQ NO. 17-07-459
 DATE: August 3, 2017

Gentlemen:

This is a request for quotation on item(s) enumerated hereunder, if you are interested and in a position to furnish the same. We shall be glad to have your best price, terms and conditions of delivery submitted not later than 10:30 a.m. on _____ addressed to the BAC Chairman, DOST XI, Regional Office No. XI, DOST Bldg., DMC Compound, Bajada, Davao City Marked "REQUEST FOR QUOTATION".

| ITEM NO. | QTY | UNIT | ARTICLE / DESCRIPTION | UNIT COST | TOTAL COST |
|----------|-----|------|--------------------------------------|-----------|------------|
| | 100 | set | Fist Aid Kit & Emergeny Kit | | |
| | | | Content: | | |
| | | | 4 plastic Strips | | |
| | | | 1 Gauze Pads 2"x 2" | | |
| | | | 1 Leukoplast Plaster 1.25cm x 1m | | |
| | | | 1 Providone Iodine 15ml | | |
| | | | 1 Spirit of Amionia 15 ml | | |
| | | | 1 Cold Rub 5g | | |
| | | | 1 Cotton Buds 36's | | |
| | | | 4 Paracetamol Tablets 500g | | |
| | | | 1 Burn Ointment 15g | | |
| | | | 4 Loperamide Tablet 2mg capsule | | |
| | | | 4 Decolgen Forte Tablets | | |
| | | | Content: | | |
| | | | 1 Battery Powered LED Flashlight | | |
| | | | 2 AA Batteries | | |
| | | | 1 Hard Plastic "Pealess' Whistle | | |
| | | | 2 Medical Breathing Mask (Diposable) | | |
| | | | 1 Hand Towels | | |

ALVIN P. JUSTO

SUPPLY & PROPERTY OFFICER

Very truly yours,

Prices of the above offers are certified correct:

ELSIE MAE A. SOLIDUM
 BAC Chairperson

Authorized Signature

IMPORTANT

When offering substitute or equivalent, specify brand or make. Submit your quotation in envelope closed and pasted by indicating the number of the quotation, date & time of opening. **DUE DATE: FIVE (5) WORKING DAYS AFTER RECEIPT OF THIS RFQ. ONLY THE BIDS SUBMITTED ON OR BEFORE THE TIME & DATE SPECIFIED WITH PRICES IN DUPLICATE WILL BE CONSIDERED.**

Name of Firm

Address of Firm

Vat
 Non-vat

DATE RECEIVED : _____

Signature

Tax Identification No. (TIN)

Telephone Number