



Republic of the Philippines
City of Lapu-Lapu
BIDS AND AWARDS COMMITTEE

REQUEST FOR PRICE QUOTATION

Revised on : May 2004

Request for Quotation (P.R. No.) : 26-02-0227

COMPANY NAME :

Date : June 5, 2026

ADDRESS :

Office/End-User : STA. ROSA COMMUNITY HOSPITAL

TEL NO. / FAX NO. :

ABC : 405,500.00

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative not later than June 8, 2026 - 10 AM in the return envelope attached herewith.

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written
2. Delivery period within 7 C.D. upon receipt of the approved funded Purchase Order (P.O.)
3. Warranty shall be for a minimum of three (3) months for supplies & materials from dated of acceptance by the end-user.
4. Price validity shall be for a period of sixty (60) calendar days of the quotation
5. PhilGEPS Registration Certificate shall be attached upon submission
6. Bidders shall submit original brochures showing certifications of the product, if applicable

SIGNED
RONALDO D. MALACORA
Officer-in-Charge, CGSO
BAC Chairman

ITEM NO.	ITEM & DESCRIPTION	QTY	UNIT	UNIT PRICE	TOTAL PRICE
1	Anti-Rabies Serum (Equine) 200 IU/ML	75	VIAL		
2	Purified Rabies Vaccine (Vero Cell 2.5 IU - 1. Within 20 days calendar delivery period upon receipt of NOA/P.O. 2. Expiration date within 18 months ***** Nothing Follows *****	175	VIAL		
TOTAL :					

Brand and Model : _____
Delivery Period : _____

Warranty : _____
Price Validity : _____

After having carefully read and accepted your General Conditions, I/we quote you on the item(s) at price noted above.

Printed Name / Signature / Date

