Republic of the Philippines
Province of Pampanga
Municipality of Lubao

REQUEST FOR QUOTATION

Date: _____

YUVIENCO MEDICAL ENTERPRISE
SAN ISIDRO, LUBAO PAMPANGA

Gentlemen:

Please quote your lowest net price, taxes includeds, on each of the following articles.

ITEM	UNIT	QTY.	COMMODITY & DESCRIPTION	UNIT PRICE	AMOUNT
1	GAL	6	CIDEX		
2	GAL	4	PEROXIDE		
3	PCS	408	CHROMIC 3.0		
4	BXS	70	STERILED GAUZE PAD		
5	BXS	10	MICROPORE		
6	BTL	50	LIDOCAINE		
7	PCS	500	5CC SYRINGE		
8	PACKS	10	COTTON BALLS		-
9	BXS	30	GLOVES MEDIUM		-
10	BXS	30	GLOVES LARGE		-
11					-
12					-
13					-
14					-
15					-
16					-
17					-
18					-
19					-
20					-
21					-
			TOTAL		**-**

The prices quoted herein be delivered to the office of the Municipal Mayor, Lubao, Pampanga _____days after serving the award

Very truly yours,

RUSSELITO B. JIMENEZ
Canvasser

To the Municipal Mayor
Lubao, Pampanga

Our quotation is indicated opposite each articles indicated above

_____
Signature of Dealer

_____
Printed Name