Republic of the Philippines
Province of Pampanga
Municipality of Lubao

# REQUEST FOR QUOTATION

Date: _____

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*Gentlemen:*

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

| ITEM | UNIT | QTY. | COMMODITY & DESCRIPTION | UNIT PRICE | AMOUNT |
|---|---|---|---|---|---|
| 1 | SETS | 298 | TREATMENT PACKAGE | | |
| | | | 1 GALLON AC11 | | |
| | | | 2PACKS BICARBONATE POWDER 840G | | |
| | | | 1 PC AMICAL BLOODLINE | | |
| | | | 2 BOTTLES PLAIN NSS | | |
| | | | 1 VIAL HEPARIN 1000iu | | |
| | | | 1 PACK FISTULA | | |
| | | | 2 PCS FISTULA NEEDLE 616 | | |
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