Republic of the Philippines
Province of Pampanga
Municipality of Lubao

REQUEST FOR QUOTATION

Date: _____
RFQ No: _____

Gentlemen:

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

ITEM	UNIT	QTY.	COMMODITY & DESCRIPTION	UNIT PRICE	AMOUNT
	PCS	20,000	AMLODIPINE 5MG		
	PCS	20,000	LOSARTAN 50MG		
	PCS	10,500	ROSUVASTATIN 10MG		
	PCS	10,500	ATORVASTATIN 40MG		
	PCS	10,500	CLOPIDOGREL 75MG		
	PCS	10,500	FEBUXOSTAT 40MG		
	PCS	10,500	TELMISARTAN 40MG		
	PCS	20,000	METFORMIN 500MG		
	PCS	6,000	GLICLAZIDE 60MG		
	PCS	6,000	GLICLAZIDE 80 MG		
	PCS	10,500	TRIMETAZIDINE MR 35MG		
	PCS	6,000	FEBUXOSTAT 80MG		
	PCS	6,500	ROSUVASTATIN 20MG		
	PCS	10,500	AMLODIPINE 10MG		
	PCS	10,500	LOSARTAN 100MG		
			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