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
	box	20	Cotrimoxazole 80mg/400mg Tab 100's		
	pcs	144	Cotrimoxazole 200mg/40mg/5ml Syrup		
	box	50	Amoxicillin 500mg Cap 100's		
	box	144	Amoxicillin 250mg/5ml Syrup		
	box	144	Amoxicillin 100mg/ml Drops		
	box	50	Mefenamic Acid 500mg Tab 100's		
	box	144	Mefenamic Acid 250mg/5ml Syrup		
	box	50	Paracetamol 500mg Tab 100's		
	box	144	Paracetamol 250mg/5ml Syrup		
	box	144	Paracetamol 100mg/ml Drops		
	box	3	Cetirizine 10mg Tab 100's		
	box	144	Cetirizine 5mg/ml Syrup		
	box	144	Cetirizine 2.5mg/ml Syrup		
	pcs	2,000	Oral Rehydration Salts		
	box	50	Carbocisteine 500mg Cap 100's		
	box	143	Carbocisteine 250mg/5ml Syrup		
	box	143	Carbocisteine 50mg/ml Drops		
	pcs	200	Salbutamol Nebule		
	pcs	550	Ketoconazole Ointment		
	pcs	492	Mupirocin Ointment		
			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