Republic of the Philippines
Province of Pampanga
Municipality of Lubao

# REQUEST FOR QUOTATION

Date: _____
RFQ No: _____

Company Name: _____
Company Address: _____

Gentlemen:

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

| ITEM | UNIT | QTY. | COMMODITY & DESCRIPTION | UNIT PRICE | AMOUNT |
|---|---|---|---|---|---|
| | | | VAXIRAB | | |
| | | | EQUIRAB | | |
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