Republic of the Philippines
Province of Pampanga
Municipality of Lubao

# QUOTATION PRICE

Date:

_____
_____

*Gentlemen:*

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

| ITEM | UNIT | QTY. | COMMODITY & DESCRIPTION | UNIT PRICE | AMOUNT |
|---|---|---|---|---|---|
| 1 | pcs | 320 | ASCORBIC ACID 500MG CAP (100's) | | |
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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