

QUOTATION PRICE

Date:

Gentlemen:

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

ITEM	UNIT	QTY.	COMMODITY & DESCRIPTION	UNIT PRICE	AMOUNT
10	BXS		PARACETAMOL 500MG		
20	BXS		AMLODIPINE 10MG		
10	BXS		LOSARTAN 50MG		
5	BXS		CIPROFLOXACIN 500MG		
5	BXS		LEVOFLOXACIN 500MG		
20	BXS		CEFUROXIME 500MG		
10	BXS		C0-AMOX 500MG		
10	BXS		CETIRIZINE 10MG		
5	BXS		OMEPRAZOLE 20MG		
5	BXS		ASCORBIC ACID 500MG		
10	BXS		ROSUVASTATIN 20MG		
10	BXS		ATORVASTATIN 10MG		
15	BXS		CEFALEXIN 500MG		
5	BXS		CLOPIDOGREL75MG		
10	BXS		CLOXACILLIN 500MG		
10	BXS		DICYCLOVERINE 10MG		
5	BXS		FENOFIBRATE 200MG		
20	BXS		VIT. B COMPLEX		
50	BTL		COLVAN SYR		
10	BXS		COLVAN CAP		
3	BXS		ALLOPURINOL 100MG		
5	BXS		ALLOPURINOL 300MG		
15	BXS		ASCORBIC ACID 500MG		
10	BXS		LOSARTAN 50MG		
TOTAL					

The prices quoted herein be delivered to the office of the Municipal Mayor,
Lubao, Pampanga _____ days after serving the award

Very truly yours,

_____ *Canvasser*

To the Municipal Mayor
Lubao, Pampanga

Our quotation is indicated opposite each articles indicated above

_____ Signature of Dealer

_____ Printed Name