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	BOX	25	AMLODIPINE 10MG		
2	BOX	20	AMLODIPINE 5MG		
3	BOX	25	LOSARTAN 50MG		
4	BOX	15	VILDAGLIPTIN / METFORMIN		
5	BOX	10	TRIMETAZIDINE 35MG		
6	BOX	10	TELMISARTAN 80MG		
7	BOX	10	ALLOPURINOL 300MG		
8	BOX	10	ALLOPURINOL 100MG		
9	BOX	10	FENOFIBRATE 200MG		
10	BOX	10	ROSUVASTATIN 20MG		
			TOTAL		

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

Very truly yours,

_____

_____

To the Municipal Mayor
Lubao, Pampanga

Our quotation is indicated opposite each articles indicated above

RUSSELITO B. JIMENEZ
Canvasser

_____
Printed Name