

Republic of the Philippines
Province of Pampanga
Municipality of Lubao

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
1	BOT	100	ISONIAZID 200MG / 5ML		
2	BOT	150	RIFAMPICIN 200MG / 5ML		
3	BOT	75	PYRAZINAMIDE 250MG / 5ML		
4	BOX	30	LOSARTAN 100MG		
5	BOX	10	ROSUVASTATIN 10MG		
6	BOT	100	CEFALEXIN DROPS		
7	BOT	100	CEFALEXIN 250MG / 5 ML SUSP.		
8	BOT	100	AMOXICILLIN DROPS		
9	BOT	100	CEFALEXIN 120MG / 5 ML		
10	BOT	100	AMOXICILLIN 250MG / 5ML SUSP.		
11	BOT	100	AMOXICILLIN 125MG / 5 ML		
12	BOX	15	AMOXICILLIN 500MG CAP		
13	BOX	15	CEFALEXIN 500MG CAP		
14	BOX	15	CIPROFLOXACIN 500MG CAP		
15	BOT	100	LAGUNDI SYRUP		
16	BOX	10	CETIRIZINE 10MG TAB		
17	BOX	20	LAGUNDI CAPSULE		
18	BOX	10	PARACETAMOL 500MG TAB		
19	BOT	50	CETIRIZINE DROPS		
20	BOT	50	CETERIZINE 500MG / 5ML		
21	BOX	15	AMLODIPINE 10MG		
			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