

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	15	box	AMBROXOL 30MG TAB		
2	15	BOX	CARBOCIESTINE 500MG CAP		
3	144	BOTTLE	CARBOCIESTINE SYRUP 60ML		
4	144	BOTTLE	DICYCLOVERINE 10MG SYRUP		
5	144	BOTTLE	SALBUTAMOL SYRUP 60ML		
6	15	BOX	SALBUTAMOL 2MG TAB		
7	144	BOTTLE	DIPHENHYDRAMINE SYRUP 60ML		
8	50	BOTTLE	PARACETAMOL 100MG DROPS		
9	144	BOTTLE	AMOXICILLIN DROPS		
10	10	BOX	MEFANAMIC ACID 500MG CAP		
11	10	BOX	MEFANAMIC ACID 250MG CAP		
12	30	TUBE	WHITFIELD OINTMENT		
13	50	BOTTLE	DEXTROMETHROPAN SYR. 60ML		
14	10	BOX	NORFLOXACIN 400MG TAB		
15	10	BOX	VIT. B COMPLEX		
16	25	BOX	AMOXICILLIN 500MG CAP		
17	144	BOTTLE	AMOXICILLIN 125MG CAP		
18	10	BOX	AMOXICILLIN 250MG CAP		
19	15	BOX	BIOGESIC 500MG TAB		
20	144	BOTTLE	AMBROXOL 15MG SYRUP		
21	144	BOTTLE	PARACETAMOL 125MG SYRUP		
22	10	BOX	CHLORAMPENICOL 500MG CAP		
23	144	BOTTLE	PARACETAMOL 250MG CAP		
24	50	BOTTLE	GUAIFENESIN SYR. 60ML		
			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