Republic of the Philippines
Province of Pampanga
Municipality of Lubao

# REQUEST FOR QUOTATION

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 | 307 | ASCORBIC ACID 500mg CAPSULE | | |
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| | | | 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