



"Beyond Providing Water..."

Republic of the Philippines
SAN FRANCISCO WATER DISTRICT
San Francisco, Agusan del Sur

REQUEST FOR QUOTATION

Date: _____

Name of Establishment: _____

Address: _____

Contact Number: _____

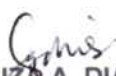
Sir,

Please quote your price at the spaces hereunder corresponding to the articles called for under **Purchase Request No. 2024-02-0051** dated **February 12, 2024** to be delivered at SFWD Office within **7 calendar days** from the receipt of Purchase Order.


RUBEN M. JARABATA JR.
BAC Chairperson

ITEM NO.	QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL
1	15	Box	Surgical Mask Must be disposable or single use only Must be non-woven Must be 3ply with earloop Must be medical grade Must be 50pcs per box		
2	10	Gallon	70% Isopropyl Alcohol		
TOTAL					

I HEREBY CERTIFY that the above-listed articles are actually carried on stock by me and that the prices quoted are hereby specified. The terms and conditions of this call are hereby accepted. Time for delivery / pick up is within _____ () calendar days from receipt of the Purchase Order.


GLAIZA A. DIALOJA
Canvasser

NAME & SIGNATURE OF BIDDER/DEALER

Nationality