



"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. 2024-07-0217** dated **July 16, 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	100	Piece	Naproxen 550 mg		
2	100	Piece	Paracetamol-Phenylephrine-CPNM		
3	100	Piece	Paracetamol		
4	100	Piece	Phenylephrine-Chlorphenamine 500mg Non Drowsy		
5	50	Piece	Mefenamic Acid 500 mg		
6	100	Piece	Ibuprofen 400 mg		
7	50	Piece	Carbocisteine 500mg		
8	25	Piece	Anticholinergic 10mg		
9	25	Piece	Loratadine 10mg		
10	25	Piece	Loperamide 2 mg Capsule		
11	50	Piece	Paracetamol-PPZ-Caffeine 250mg		
-Price must be VAT Inclusive					
				<b>TOTAL</b>	

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