



"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. 2025-01-0023** dated **January 14, 2025** to be picked-up 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	50	Piece	Loratadine		
7	50	Piece	Ibuprofen 400 mg		
8	50	Piece	Famotidine-Ca Carb-MgOH2 Advance		
9	50	Piece	Paracetamol-PPZ-Caffeine		
10	50	Piece	Paracetamol-Caffeine		
11	50	Piece	Loperamide		
12	50	Piece	Carbocisteine		
13	50	Piece	Cetirizine		
14	50	Piece	Paracetamol Phenylpropanolamine		
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.


JOAN LADESMA
Canvasser

**NAME & SIGNATURE OF
BIDDER/DEALER**

Nationality