



(085) 839-0457 or (085) 303-6120
sanfranzwd@gmail.com
www.sfwd.gov.ph

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. 2025-07-0206** dated **July 17, 2025** to be delivered at SFWD Office within **10 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	100	Piece	Mefenamic Acid 500 mg		
6	100	Piece	Loratadine		
7	50	Piece	Ibuprofen 400 mg		
8	50	Piece	Famotidine-Ca Carb-MgOH2 Advance		
9	50	Piece	Paracetamol-PPZ-Caffeine		
10	20	Piece	Paracetamol-Caffeine		
11	100	Piece	Loperamide		
12	50	Piece	Carbocisteine		
13	70	Piece	Ebastine Betamethasone		
14	100	Piece	Paracetamol Phenylpropanolamine		
15	5	Bottle	Pain Relief Spray at least 118ml		
16	2	Bottle	Povidone-Iodine 10% Antiseptic Solution at least 60ml		
17	2	Box	Plaster Strips Adhesive Antiseptic Bandage 50s		
18	100	Pc	Sterilized Gauze Pads at least 2"x2"		
19	5	Roll	Medical Tape		
20	5	Bottle	Methyl Salicylate, Camphor, and Menthol at least 50ml, transparent		
TOTAL					



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BAC Chairperson

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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.

JAMES MARK G. BALABA

Canvasser

**NAME & SIGNATURE OF
BIDDER/DEALER**

Nationality