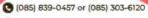


Sir,





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

Name of Establishment:	Date:	
Address:		
Contact Number:	•	

Please quote your price at the spaces hereunder corresponding to the articles called for under <u>Purchase</u>

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.

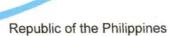
RUBEN M JARABATA JR.

BAC Chairperson

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 Phenypropanolamine		***************************************	
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			







SAN FRANCISCO WATER DISTRICT

San Francisco, Agusan del Sur

REQUEST FOR QUOTATION

Name of Establishment: Address: Contact Number:			Date:
Sir,			
	'-0206 dated July 17, 2025 to		RUBEN M JARABATA JR. BAC Chairperson
ITEM QTY NO.	UNIT	DESCRIPTION	UNIT PRICE TOTAL
QIY	UNIT	DESCRIPTION	
NO.	EREBY CERTIFY that the above hereby specified. The terms and thin () calenda	re-listed articles are actually of conditions of this call are he	carried on stock by me and that ereby accepted. Time for
NO. I H the prices quoted are h delivery / pick up is wit	EREBY CERTIFY that the above the specified. The terms and thin() calendar BALABA	re-listed articles are actually of conditions of this call are he	carried on stock by me and that ereby accepted. Time for

(085) 839-0457 or (085) 303-6120 a sanfranzwd@gmail.com

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