

Republic of the Philippines Province of Pampanga Bids and Awards Committee

Provincial Capitol, City of San Fernando, (P) / (045) 435-5901

			3-3001 (H3) / 07-26-2023 / RPDH for three (3) months.	AUG 0		
ddress:	-		REQUEST FOR QUOTATION			
el. No.						
lease qı nd subr	uote your lo	west pri ffice dul	ice for the requirements listed hereunder subject to the Terms and Con y signed by you or your representative not later than 2:00 s.m. AUG	nditions s 1 1 202	tated belo	
	VED BUDGE		RANGIS V. I			
	NTRACT (A 248,500.00		Vice Chair Bids and Awards			
		kilafastaini lainii adriftaatava Arkit	TERMS AND CONDITIONS:			
	placed All qu (120) subm Any e are sig repre: Interecurre Numl above lieu o Numl	d in a seal actations calendarission of the rasures or gned or in sentative. Ested support Mayober, and P500,000 of the Mayober, the	r overwriting shall be valid only if they itialed by the supplier or its authorized • The Provincial Government of Pamp right to accept or reject any quotati	ties is one he cost of delay. anga reserve on, and to a all quotatic without the supplier/s. aive any req	tenth the esthe annul ons at ereby uired t the	
Item				Unit	Total	
No.	Quantity	Unit	Item Description	Price	Price	
1	650	cyls	Medical Oxygen Standard Size 1800 Psi			
2	14	cyls	Medical Oxygen Flasktype Size 1800 Psi		THE SET AND THE SET AND ADDRESS OF THE SET ADDRESS OF THE SET AND ADDRESS OF THE SET	
LOCATE PLATFORM AND			Conditions:		MANUFACTURE AND ADDRESS OF THE PROPERTY OF THE	
			Progressive delivery, schedule and quantities of deliveries			
		within 72 hours notification by the end-user.				
			Quotation of progressive suppliers are inclusive of			
and the second second second second			delivery cost.			
			X~X~X~X~X~X~X~X~X~X~XX~X			
			Total Lot Price			

THE BIDS AWARDS COMMITTEE:

award.

Having	carefully	read	and	accepted	your	Terms	and	Conditions,	including	the	technical	specifications,	I/We	offer	to
supply/	deliver th	e iten	n/s as	s noted abo	ove.										

supply/deliver the item/s as noted above.		
Supplier's authorized representative signature over printed name Designation: Contact No.:	BAC Canvasser	
Email Address.:		*yang

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