

OK 4/17

**BASES CONVERSION and DEVELOPMENT AUTHORITY**  
 2/F Bonifacio Technology Center, 31st Street Bonifacio Global City, Taguig City  
 Tel. No. 575-1700 loc. 1782/1784  
 Fax No. : 575-1785

**REQUEST FOR QUOTATION**

(Company Name):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date 16 APRIL 2018

Quotation Number

Please quote your lowest price(s) using this form, or your letterhead. Also, take note of the following details:

- 1) Quotation/s shall be addressed to the Head of Procurement Division. Please indicate Solicitation or Reference No.
- 2) Send the said quotation/s to BCDA or fax the same at no. 816-1043 not later than ~~20~~ **APRIL 2018**
- 3) Quotation/s submitted after the set deadline indicated in item no. 2 shall not be accepted/considered.
- 4) The quotation/proposal shall be properly signed by the authorized representative and/or

BCDA reserves the right to accept or reject any or all of the quotations, or waive formally therein, or to accept quotation/s as may be considered most advantageous to the gov't., or to pursue appropriate legal action should the winning bidder refuse to accept the award without justifiable reason/s.

*J. Lanciaola*  
JAYVEE L. LANCIOLA  
 Canvasser

*V. Matividad*  
VICKY M. NATIVIDAD

TO: BCDA HEAD OF PROCUREMENT

Per request, below is/are the price(s) of the article(s)/service(s) as indicated under Unit Price:

QTY (A)	UNIT	DESCRIPTION/SPECIFICATIONS	UNIT COST (ex-VAT) (B)	VAT (C)	TOTAL UNIT COST (D=B+C)	TOTAL AMOUNT (AxD)
1,250	PC	METFORMIN 500MG				
1,250	PC	AMLODIPINE 5MG				
1,250	PC	LOSARTAN 50MG				
		*****PLEASE QUOTE ONE LOT ON THE ABOVE ITEMS*****				

**Terms and conditions:**

Price: Inclusive of all applicable taxes

Payment:

Delivery:

Validity of price : one month

WARRANTY : at least one year

We hereby certify, that we have prepared, checked and reviewed this quotation.

This quotation is valid unless revoked in writing which should be done prior to our receipt of the Purchase Order or Job Order.

Printed Name/Signature/DATE

Immediate Supervisor

Telephone / Fax Number