



**PAMANTASAN NG LUNGSOD NG MAYNILA**  
(University of the City of Manila)  
Intramuros, Manila

**REQUEST FOR QUOTATION**

Date: \_\_\_\_\_  
RFP No.: 040219-170

**Name of the Company:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Business Permit No.:** \_\_\_\_\_  
**TIN No.:** \_\_\_\_\_  
**Philgeps Cert. No.:** \_\_\_\_\_

Please quote your best offer for the item/s described below, subject to the Terms and Conditions provided at the back portion of this request for quotation. Submit your quotation duly signed by you or your duly authorized representative not later than \_\_\_\_\_.

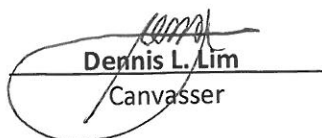
Open quotations may be submitted, manually or through facsimile or email at the address and contact number indicated below.

  
ATTY. MAY ANGELI M. ESTOLAS  
Acting Chief, Procurement Office

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s for the item/s as follows:

Item Description	QTY	Approved Budget for the Contract (ABC)	OFFER					
			Price			Compliance with Technical Specifications (please check)		Remarks
			QTY	Unit Price	Total Price	Yes	No	
Supply, Delivery and Administration of Quadrivalent Flu Vaccine 2019 Strain	350 pre-filled syringe	301,700.00						
PR# 04-01-01 UHS								

This is to certify that I personally conducted the canvass and that the data herein are true and correct.

  
**Dennis L. Lim**  
Canvasser

Payment Terms: \_\_\_\_\_  
Delivery Period: \_\_\_\_\_

\_\_\_\_\_  
(Signature over Printed Name)

Landline: \_\_\_\_\_  
Mobile No.: \_\_\_\_\_  
E-Mail: \_\_\_\_\_