Name of the Procuring Entity:

MUNICIPAL GOVERNMENT OF SANTA FE, ROMBLON Standard Form Number: SF-GOOD-60 Project Reference Number: Repair & Maintenance (Transportation Name of the Project: Revised on: May 24, 2004 Equipment) MHO Standard Form Title: Request for Quotation Location of the Project: Santa Fe, Rombion REQUEST FOR QUOTATION Date: __ Quotation No. _____ Please quote your lowest price on the item/s listed below, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than ___ the Bids and Awards Committee, Municipal Hall-Poblacion, Santa Fe, Romblon. The Approved Budget for the Contract (ABC) is Seventy Two Thousand Pesos (72,000.00). **DERRICK E. MAYOR** MPDC (BAC Chairman) **ITEM & DESCRIPTION** QTY. UNIT TOTAL PRICE **UNIT OF** ITEM PRICE NO. ISSUE Tire for Ambulance (195/15) 1 set 1 2 piece Injection Pump Cross Joint, GU 30 4 3 piece Wiper Blade 1 4 piece 2 5 piece Shock Absorber(front) must be compatible FOR FOTON VIEW AMBULANCE TOTAL After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above. Printed Name / Signature

Address

Date