

TO:

## REQUEST FOR QUOTATION

DATE:

PSR NO:

GENTL	EMEN:				
		R LOWEST NET PRICE, GIVING FULL L AS THE SHORTEST TIME OF DELIVER			
		: FAX # 846-1413 / TEL. # 846-3414 SS: pnccmmdpurchasing@yahoo.com			
ATTENTION:		YOLANDA C. MORTEL HEAD, MMD			
ITEM NO.	QUANTITY	NAME & DESCRIPTION	UNIT PRICE	AMOUNT (P) QUANTITY	
		FLU VACCINE - Quadrivalent Influenza Vaccine	VIAL	68	
		(Split Virion, Inactivated) Fluarix	Tetra		
		NOTE:			
		Supply, Delivery Including Medical Services			
TERMS OF PAYMENT TERMS OF DELIVERY VAT VALIDITY			AUTHORIZED SIGNA	ORIZED SIGNATURE	
WARRANTY			SUPPLIER	SUPPLIER	