Republic of the Philippines
DEPARTMENT OF HEALTH
FIELD OPERATIONS
CENTER FOR HEALTH DEVELOPMENT NO. 1
ILOCOS TRAINING AND REGIONAL MEDICAL CENTER
City of San Fernando, La Union

PHIC Accredited Healthcare Provider Mother-Baby Friendly Hospital "A No Smoking Facility"

Tel No. (072) 607-6418/6422; Telefax: (072) 700-3719 Email address:itrmc2010@yahoo.com website: http://www.itrmc.doh.gov.ph

Certified ISO9001:2015 since 2016 with Certificate No. SCP000121Q

Request for Quotation

(Name and Address of Company)

_____

_____

_____

Date : April 19, 2021

Quotation No.: **2021-04-0338**

Please quote your best offer for the item/s described herein, subject to the Terms and Conditions below. Submit your quotation duly signed by you or your duly authorized representative not later than _____.

NORBERTO G. PREPOSE, JR., RN, MAN
HBAC Chairperson

TERMS AND CONDITIONS:

1. Bidder shall provide all information required in this form;
2. Bidder shall attach original or scanned colored copy of brochure/s showing specifications of the product/s being offered;
3. Bidder shall submit sample, if required, within two (2) working days upon notice, or as instructed in the description box below;
4. Price quotation/s shall include all taxes, duties, and/or levies payable;
5. Price Quotation/s must be valid for a period of at least 30 calendar days from the date of submission;
6. Price Quotation/s exceeding the ABC shall be automatically rejected;
7. Interlineations, erasures, or overwritings shall be valid only if they are signed by you or any of your duly authorized representative/s;
8. Unless otherwise indicated, evaluation and award shall be made on a per item basis;
9. Contract shall be awarded to the bidder with the lowest calculated responsive quotation (for goods and infrastructure) or, the highest-rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein;
10. In case two or more bidders are determined to have submitted the lowest calculated responsive quotation, "Toss Coin" shall be employed as the tie-breaking method to determine the final bidder to whom the contract shall be awarded;
11. Bidder shall submit within two (2) calendar days upon notification from the BAC Secretariat, thru e-mail, text message or phone call, the following documents: Mayor's Permit, PHILGEPS Registration Number, Professional License/Curriculum Vitae (additional for Consulting Services), PCAB License (additional for Infra), Income/Business Tax Return (For ABCs Above PhP 500,000.00), and Omnibus Sworn Statement (For ABCs Above PhP 50,000.00). ***Failure to submit any of the documentary requirements within the given period will render your quotation failed.***

After having carefully read and accepted your Terms and Conditions, I/We submit our price quotations below.

ITEM NO.	ITEM & DESCRIPTION	ABC PER UNIT	TOTAL ABC	QTY/UNIT		BRAND AND MODEL	UNIT PRICE (inclusive of taxes)	TOTAL PRICE (inclusive of taxes)
1	**Disinfectant Reagent (internal) Citric Acid for Fresenius Machine disinfection**	4,500.00	108,000.00	24	case			
	For Hemodialysis Unit use		**108,000.00**					

Delivery Period : _____

Warranty : _____

Price Validity : _____

_____
Signature over Printed Name

_____
Position / Designation

_____
Tel. No. / Cellphone No. and E-mail address:

_____
Date

Res No.	*04-023*	
SAPP No.	within APP	NP-SVP
PR/JO No.	2021-02-0701	2021-03-0946
Date:	2/24/2021	3/17/2021

VCC 4/19/2021

Canvassed by: