



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 20, 2021

Quotation No.: 2021-04-0347

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:

- Bidder shall provide all information required in this form;
- Bidder shall attach original or scanned colored copy of brochure/s showing specifications of the product/s being offered;
- Bidder shall submit sample, if required, within two (2) working days upon notice, or as instructed in the description box below;
- Price quotation/s shall include all taxes, duties, and/or levies payable;
- Price Quotation/s must be valid for a period of at least 30 calendar days from the date of submission;
- Price Quotation/s exceeding the ABC shall be automatically rejected;
- Interlineations, erasures, or overwritings shall be valid only if they are signed by you or any of your duly authorized representative/s;
- Unless otherwise indicated, evaluation and award shall be made on a per item basis;
- 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;
- 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;
- 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	FOOT PEDAL ALCOHOL DISPENSER	3,200.00	128,000.00	40	pc		
	Made of Stainless Steel (atleast SS304)						
	With Alcohol Container atleast 1 liter capacity						
	Note: Supplier must be authorized/certified fabricator of steel/stainless steel						
	Provision of Foot Pedal Alcohol Dispenser for Medical Annex Rooms and Entrance						
			128,000.00				

Delivery Period : \_\_\_\_\_

Warranty : \_\_\_\_\_

Price Validity : \_\_\_\_\_

Signature over Printed Name

Position / Designation

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

Date

Res No.	n/a
SAPP No.	04-070 NP-SVP 4/19/2021
PR/JO No.	2021-04-1266
Date:	4/12/2021

VCC 4/20/2021

Canvassed by:

ANNIE VILLAMIL MARLON RYAN ESPIRITU KRISTINE BALLON VANESSA CABADING DANIELLE ANNE F. DINGDING WINLOVE BORGONIA