



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
Tel No. (072) 607-6418/6422, Telefax: (072) 700-3719 Email address: itmnc2010@yahoo.com website: <http://www.itmnc.doh.gov.ph>
Certified ISO 9001:2015 since 2016 with Certificate No. SCP000121Q



"A No Smoking Facility"

Request for Quotation

(Name and Address of Company)

Date : January 28, 2021
Quotation No.: 2020-11-1284R

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 _____.

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).

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

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	Mercaptopurine 50mg	18.00	90,000.00	5000	tab		
*Note: Please submit updated Certificate of Product Registration (CPR)							
	Pharmacy stock - supplemental						
			90,000.00				

RFQ-2020-11-1284, 20-Nov-2020

RFQ-2020-11-1284R, 05-Jan-2021

Delivery Period :

Warranty :

Price Validity :

Res No.	n/a
SAPP No.	11-237 NP-SVP 11/20/2020
PR/IO No.	2020-11-3288
Date:	11/3/2020

VCC 1/28/2021

Canvassed by:

ANNE VILLALBA MARLON RYAN ESPORTU KRISTINE BALLON VANESSA CHIBADONG DANIELLE ANNE F. DINGDONG WHILOVE BONGONIA

Signature over Printed Name
Position / Designation
Tel. No. / Cellphone No. and E-mail address:
Date