



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



HIIC Accredited Healthcare Provider

City of San Fernando, La Union

“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 :

September 14, 2020

Quotation No.:

2020-09-1124

Please quote your lowest price (price must be inclusive of tax) on the item/s listed below, subject to the General Conditions, stating the shortest time of delivery and submit quotation duly signed by your representative and properly sealed.

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

REQUIREMENTS:

1. ALL ENTRIES MUST BE TYPEWRITTEN OR WRITTEN LEGIBLY.
2. BIDDER SHALL ATTACH ORIGINAL OR SCANNED COPY (COLORED) OF BROCHURES SHOWING SPECIFICATIONS OF THE PRODUCT BEING OFFERED.
3. BIDDER SHALL SUBMIT SAMPLE WITHIN TWO (2) WORKING DAYS (IF REQUIRED) UPON NOTICE.
4. SUPPLIER SHALL SUBMIT WITHIN TWO (2) CALENDAR DAYS UPON NOTIFICATION FROM THE BAC SECRETARIAT THROUGH E-MAIL, TEXT MESSAGE OR PHONE CALL, THE FOLLOWING: MAYOR'S PERMIT, PROFESSIONAL LICENSE/CURRICULUM VITAE (FOR CONSULTING SERVICES), PHILGEPS REGISTRATION NUMBER, PCAB LICENSE (FOR INFRA), INCOME/BUSINESS TAX RETURN (FOR ABCs ABOVE PHP 500,000.00) AND OMNIBUS SWORN STATEMENT (FOR ABCs ABOVE PHP 50,000.00).

ITEM NO.	ITEM & DESCRIPTION	ABC PER UNIT	TOTAL ABC	QTY/UNIT	UNIT PRICE (inclusive of taxes)	TOTAL PRICE (inclusive of taxes)
1	CYTOLOGY FUNNEL, WITH FILTER CARD, WHITE, DOUBLE HOLE 50S/PACK	9,000.00	63,000.00	7 pack		
	DELIVERY SCHEDULE:					
	1 ST WEEK OF NOVEMBER 2020					
	FOR CELL CYTOLOGY SPIN USE					
			63,000.00			

HBAC Resolution No. n/a

supp-app-09-204 dated 9/14/2020

PR/IO 2020-09-2769 (NP-SVP)

No.

Date:

Brand and Model :

Delivery Period :

Warranty :

Price Validity :

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

Signature Over Printed Name

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

Date

Canvassed by:

ANNIE VILLAMIL MARLON RYAN ESPRITU KRISTINE BALLON VANESSA CABAING DANIELLE ANNE F. DINGDING WINLOVE BORGONIA