



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
Healthcare Provider
6422. Telefax: (072) 700-3719 Email address: hrmc2010@yahoo.com website: <http://www.hrmc2010.gov.ph>
Certified ISO9001:2015 since 2016 with Certificate No. SCP0000121Q



PHIC Accredited Healthcare Provider

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



 "A No Smoking Facility"

Request for Quotation

(Name and Address of Company)

Date: October 16, 2020
Quotation No.: 2020-10-1207

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.

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 REVISED OMNIBUS SWORN STATEMENT (FOR ABCs ABOVE PHP 50,000.00).


NORBERT G. PREPOSE, JR., RI
HBAC Chairperson

ITEM NO.	ITEM & DESCRIPTION	ABC PER UNIT	TOTAL ABC	QTY/UNIT	UNIT PRICE (inclusive of taxes)	TOTAL PRICE (inclusive of taxes)
1	Remdesivir for Injection 100mg Lyophilized Powder for Injection for IV infusion	7,050.00	705,000.00	100 vial		
	<i>for ITRMC Covid Patient's use</i>					
			705,000.00			

HBAC Resolution No.	n/a

SAPP No.	09-221	10/16/2020
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PR/JO	2020-10-3084	SVP-BA
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No. _____

Date: 10/14/2020

VCC

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 ESPIRITU	KRISTINE BALLON	VANESSA CABADING	DANIELLE ANNE F. DINGDING	WINLOVE BORGONIA
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