Republic of the Philippines
DEPARTMENT OF HEALTH
FIELD OPERATIONS
CENTER FOR HEALTH DEVELOPMENT NO. 1
ILOCOS TRAINING AND REGIONAL MEDICAL CENTER

PHIC Accredited Healthcare

Tel: (072) 607-6418/6422; Telefax: (072) 700-3719 / 607-4490

AD-BAC-003-Ø

Request for Quotation

(Name and Address of Company)

_____

_____

_____

Date : September 3, 2020

Quotation No.: 2020-09-1084

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. PREPOSE, 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	**HAULING, TREATMENT & DISPOSAL OF UNSERVICEABLE 13 UNITS POWER TRANSFORMERS**	195,000.00	195,000.00	1 lot		
	(SN: 081046, 8854365, 8854273, N694867-YFW, N694845-YFW, 8854181, 10294, 10306, 17619, 17620, 17621, 9912-03333G231, 9912-03334G231)					
	REQUIREMENTS:					
	1. Must be EMB accredited Hauler & Treater					
	2. Procuring entity PCO Chair supervise the treatment process					
	3. Bidder shall process all local permits					
			195,000.00			

HBAC Resolution No. n/a
supp-app-09-196 dated 9/02/2020

PR/JO No. JO (NP-SVP)

Date: 8/27/2020

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.

_____
Printed Name / Signature

_____
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