



P.R. NO.: 21-07-298
Date: July 26,2021
Office/End-User: CSSR/M. Miguel

REQUEST FOR QUOTATION

COMPANY NAME: _____

ADDRESS: _____
Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stated below and submit your quotation duly signed by your representative not later than _____ of _____

- TERMS and CONDITIONS:**
- 1 All entries must be typewritten or legibly written
 - 2 Construction/Delivery period: **10 calendar days**
 - 3 Warranty for Expendable Goods: three (3) months, either:
 - a. Five percent (5%) retention
 - b. Special Bank Guarantee
 - 4 Warranty for Non Expendable Goods/Infrastructure: One (1) year, either:
 - a. Five percent (5%) retention
 - b. Special Bank Guarantee
 - c. Surety Bond *(for infrastructure only)*
 - 5 Price validity shall be for a period of sixty (60) calendar days
 - 6 Unit Price includes all incidental expenses (tax, delivery, etc.)
 - 7 Product Sample/Presentation/Brochure
 - 8 Certificate of product registration from Food and Drug Administration (FDA); if applicable
 - 9 Certificate of Good Manufacturing Practice from FDA; if applicable
 - 10 Batch release certificate from FDA; if applicable
 - 11 If the supplier is not the manufacturer, certification from the manufacturer that the supplier is an authorized distributor/dealer of the products/items; if applicable
 - 12 Bio Assay or Certificate of Analysis (if applicable)
 - 13 Submit original copy of Omnibus Sworn Statement before issuance of NOA (to applicable mode of procurement)
 - 14 Provide authorization letter if authorize representative is not the owner.
 - 15 Must provide updated Certificate of Philgeps Platinum membership or Philgeps registration and Mayor's permit, Income/BusinessTax return and DTI (if applicable)
 - 16 LTO for medical equipment/medical devices
 - 17 **PCR NEGATIVE** result within the last **24 to 72 hours** is required upon entering BGHMC premises **(24 to 72 hours starts with extraction time)**

GLORY V. BALTAZAR, MD, MPH, MHA,CESe
Head of Procuring Entity (HOPE)

ITEM NO.	QTY	UNIT	ITEM AND DESCRIPTION	ABC per Item	BRAND	UNIT PRICE	TOTAL PRICE
1	600	pc	Cadaver bag, adult	850.00			
2	1,000	pc	Spinal needle g.25, disposable	80.00			

Date: _____
Opened at: ____ am/pm

Signature over printed name
Authorized Representative

Canvass by:
MEL-ROSE C. MARTINEZ
Procurement Staff

BIDS & AWARD COMMITTEE :

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