



P.R. NO.: 21-07-303
Date: July 28,2021
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: 7 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 <i>(for infrastructure only)</i> 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)	
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ITEM NO.	QTY	UNIT	ITEM AND DESCRIPTION	ABC per Item	BRAND	UNIT PRICE (includes all incidental expenses (tax, delivery, etc.)	TOTAL PRICE
1	150	pc	One piece colostomy bag for infant/neonates	160.00			

Date: _____
Opened at: ____ am/pm
Signature over printed name
Authorized Representative

Canvass by:
SHIELA MAE SIGNIO
Procurement Staff

BIDS & AWARD COMMITTEE :

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