

Republic of the Philippines
REGION II TRAUMA AND MEDICAL CENTER

Bayombong, Nueva Vizcaya

Telefax No. (078-392-0190)

Email: r2tmc102219@gmail.com; vrh.procurement@gmail.com

Philgeps

REQUEST FOR PRICE QUOTATION

April 21, 2021

Date

Sir/Madam:

Please quote your lowest price on the article services noted below in the spaces indicated, and as soon as possible, please submit your quotation in a sealed envelope to the undersigned.

JULIET C. BUSTILLOS

Supervising Administrative Officer

QTY	UNIT	ITEMS	ABC/unit	BRAND	UNIT PRICE	TOTAL PRICE
50	pack	Battery, dry cell AA, 2 pc per blister pack	50.00			
50	ream	Paper, multicopy, legal 80gsm, size: 216mmx330mm	260.00			
50	pack	Battery, dry cell AAA, 2 pc per blister pack	70.00			
10	box	Clip, backfold, all metal, 19mm	25.00			
10	box	Clip, backfold, all metal, 25mm	30.00			
10	box	Clip, backfold, all metal, 32mm	30.00			
90	pc	Correction tape, film base type 6m	20.00			
10	set	Marker, fluorescent, 3 assorted colors per set	50.00			
120	pc	Marker, whiteboard, felt tip, black	35.00			
20	box	Paper clip, vinyl/plastic coat 32mm	15.00			
30	box	Paper clip, vinyl/plastic coat 50mm	30.00			
10	pc	Stamp pad, felt, bed dimension 60mm x 100mm min	85.00			
30	roll	Tape, masking 24mm	50.00			
50	roll	Tape, masking 48mm	80.00			
360	roll	Tape, packaging 48mm	50.00			
100	roll	Tape, transparent 24mm	20.00			
100	roll	Tape, transparent 48mm	50.00			
500	pc	Envelope, brown A4	2.00			
500	pc	Envelope, brown legal	3.00			
750	pc	Pen, ballpoint, fine 0.5 Black	6.00			
750	pc	Pen, ballpoint, fine 0.5 Blue	6.00			
10	bot	Ink, Trodat 28ml	185.00			
20	bot	Stamp pad, ink	85.00			
200	pc	DVD, RW	50.00			
<p><i>*Please include the delivery charge to the unit price of your proposal and specify the quotation validity</i></p> <p>Requirements to be submitted before issuance of Purchase Order.</p> <p>Mayor's/ Business Permit</p> <p>PhilGEPS Registration Number: _____</p> <p>Omnibus Sworn Statement</p> <p>Delivery Term: within 10 working days upon receipt of Approved Purchase Order/Job Order</p> <p>Please submit in a sealed envelope on or before: _____</p> <p>FOR HOSPITAL USE (for shopping)</p> <p>Note: Subject to 5% WT and 1%FT for VAT Registered Supplier</p> <p>3% WT and 1%FT for Non-VAT Registered Supplier</p>						

1. The Hospital Bids and Awards Committee has the right to accept, reject and waived defects in canvass.
2. It is a pre-condition to the acceptance of this quotation and the Purchase Order that in case of disallowance in post-audit due to overpricing, the supplier shall be held solely responsible for refund thereof.

Canvassed by:

Name & Signature of Dealer

Company

Date

IMEE MARIE F. ALEJANDRINO

Contact #: 0936-245-0726