

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


REQUEST FOR PRICE QUOTATION

April 20, 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
4,320	pc	Fabric Conditioner x 25ml scented	6.00			
480	pack	Soap powder x 500g	55.00			
216	bar	Detergent Bar Soap x 400g	25.00			
279	cont	Stain Remover x 900ml	75.00			
48	lit	Stain Remover original x 1liter	45.00			
10	pc	Crates, plastic (H11.5" x W14.5" x L20.5")	400.00			
<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 LAUNDRY SECTION USE</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:

IMEE MARIE F. ALEJANDRINO
Contact #: 0936-245-0726

Name & Signature of Dealer

Company

Date