

philgeps

Republic of the Philippines
REGION II TRAUMA AND MEDICAL CENTER
 Bayombong, Nueva Vizcaya
 Telefax No. (078-392-0190)
 Email: r2tmc@doh.gov.ph; vrh.procurement@gmail.com

REQUEST FOR PRICE QUOTATION

August 5, 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
2	unit	Medicine Trolley	15,000.00			
5	unit	Commode, Adult	6,000.00			
		Please see attached Technical Specifications to be accomplished and submitted together with the Proposal and Brochure				
<p>Secondary Requirements to be submitted before issuance of Purchase Order. Mayor's/ Business Permit PhilGEPS Registration Number: _____ Omnibus Sworn Statement</p> <p>Additional Documents to be submitted by the Winning Bidder during the delivery of the equipment Warranty Certificate Certificate of Appearance (Please see attached Form) Tax Receipts from the Bureau of Customs or the BIR indicating the exact specifications and/or serial number of the equipment procured by the government as</p> <p>For Imported Items:</p> <ul style="list-style-type: none"> a. Consular Invoice/Pro-forma invoice of the foreign supplier with the corresponding details. b. Home Consumption Value of the items c. Breakdown of the expenses incurred in the importation and other requirements as specified in the Technical Specifications <p>Terms and Conditions: The Project shall be awarded as: > For Line Item - One Project having several items, which shall be awarded as separate contracts per item.</p> <p>Delivery charge must be included to the unit price of your proposal and must be delivered at <u>Materials Management Office</u> Delivery Term: <u>within 30 working days</u> upon receipt of Approved Purchase Order/Job Order Payment Term: <u>within 30 calendar days</u> after the Final Acceptance Please submit in a sealed envelope on or before: _____</p> <p>FOR HOSPITAL USE Note: Subject to 5% WT and 1%FT for VAT Registered Supplier 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