

PHGYS

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 16, 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
500 ✓	yard	Katrina double width (royal blue) ✓	50.00 ✓			
500 ✓	yard	Katrina double width (emerald green) ✓	50.00 ✓			
360 ✓	yard	Katrina double width (pink) ✓	50.00 ✓			
95 ✓	yard	US Cotton 95" width (cartoon character shade of pink)	110.00 ✓			

Secondary Requirements to be submitted before issuance of Purchase Order.
 Mayor's/ Business Permit
 PhilGEPS Registration Number: _____
 Omnibus Sworn Statement

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.

Delivery charge must be included to the unit price of your proposal and must be delivered at **Materials Management Office**
 Delivery term: **within 10 working days** upon receipt of Approved Purchase Order/Job Order
 Payment Term: **within 30 calendar days** after the Final Acceptance
 Please submit in a sealed envelope on or before: _____

FOR PATIENTS USE
 Note: Subject to 5% WT and 1%FT for VAT Registered Supplier
 3% WT and 1%FT for Non-VAT Registered Supplier

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:

ARTHURO P. ALINDADA, JR.
 Contact #: 0953-145-4174

 Name & Signature of Dealer

 Company

 Date