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.

Supervising Administrative Officer

QTY	UNIT	ITEMS	ABC/unit	BRAND	UNIT PRICE	TOTAL PRICE	
2500	yard	Non Woven 82" width (white)	60.00				
			•.				
		Secondary Requirements to be submitted before issuance	e 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 I					
		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 HOSPITAL USE (COVID-19 CASE)					
		Note: Subject to 5% WT and 1%FT for VAT Registered Suppl	lier				
		3% WT and 1%FT for Non-VAT Registered Supp	lier				

- 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 reponsible for refund thereof.

Canvassed by:	Name & Signature of Dealer
ARTHURO P. ALINDADA, JR.	Company
Contact #: 0953-145-4174	Date