

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 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
576	test	Quantitative (hs) C-Reactive Protein reagent, control, calibrator and consumable required for the number of test requested. Provision of one (1) fully automated tie-up analyzer 24 tests per box	340.00			
<p><b>Secondary Requirements to be submitted before issuance of Purchase Order.</b>  Mayor's/ Business Permit  PhilGEPS Registration Number: _____  Omnibus Sworn Statement</p> <p><b>Terms and Conditions:</b>  The Project shall be awarded as:  &gt; 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 <b>Materials Management Office</b>  Delivery term: <u>within 10 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><b>FOR LABORATORY USE</b>  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