


REQUEST FOR PRICE QUOTATION

September 30, 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
3000	tab	<i>Cardiac Drug:</i> Telmisartan 40mg VAT-EXEMPT Primary Requirements: i. Valid and current Certificate of Product Registration (CPR) or Certificate of Listing of Identical Drug Product (CLIDPI) ii. Certificate of Clinical Experience from R2TMC or Delivery Receipt and Sales Invoice for the brand of the product in the CPR offered in the bid. Note: All documents as part of the Technical Specifications shall be verified or checked during the evaluation.	23.15			
		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 one contract. 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 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: _____ FOR PHARMACY 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:

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

Name & Signature of Dealer

Company

Date