

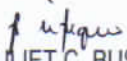
**REQUEST FOR PRICE QUOTATION**

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
500	pc	Triple Lumen IV Access system with 3 color coded clamps and 10cm extension tube	300.00			
<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 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: _____</p> <p><b>FOR HOSPITAL 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:

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

\_\_\_\_\_  
Name & Signature of Dealer

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date