

REQUEST FOR PRICE QUOTATION

January 7, 2022
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, MPA
 Supervising Administrative Officer

QTY	UNIT	ITEMS	ABC/unit	BRAND	UNIT PRICE	TOTAL PRICE
50	set	Dual Syringe Injector compatible with Nemoto Power Injector, 200ml/100ml, with Y-set, check valve and J tube	1,800.00			
<p>Secondary Requirements to be submitted before issuance of Purchase Order. Mayor's/ Business Permit PhilGEPS Registration Number: _____ Omnibus Sworn Statement Income/Business Tax Return</p> <p>Terms and Conditions: The Project 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: <u>within 10 calendar 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>TO BE USED FOR DIFFERENT WARDS 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 #: 0968-879-9415