

REQUEST FOR PRICE QUOTATION

February 21, 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
5	box	14 x 17" Dry Medical Film compatible with Agfa Drystar Printer (100pcs/box)	17,000.00			
<p>Secondary Requirement/s to be submitted before issuance of Purchase Order. Mayor's/ Business Permit PhilGEPS Registration Number: _____ Omnibus Sworn Statement</p> <p>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 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>FOR RADIOLOGY X-RAY USE. 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 #: 0916-694-1317