

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

April 20, 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
1050	pcs	Interfolded Paper Towel (at least 175 sheets/pc)	50.00			
<p>Secondary Requirement/s 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 one contract.</p> <p>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-ULTRASOUND 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:

ARTHURO P. ALINDADA, JR.
Contact #: 0953-145-4174

Name & Signature of Dealer

Company

Date