

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 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 O. BUSTILLOS, MPA**  
Supervising Administrative Officer

| QTY  | UNIT | ITEMS   | ABC/unit | BRAND | UNIT PRICE | TOTAL PRICE |
|--|------|---|----------|-------|------------|-------------|
| 1,000  | vial | <b>ANTI-INFECTIVE</b><br>Penicillin G "5" million units (IM/IV) | 30.00    |       |            |             |
| 1,000  | vial | Cefotaxime 500mg + 2ml diluent                                  | 70.00    |       |            |             |
| <b>Primary Requirements:</b><br>Valid and current Certificate of Product Registration (CPR) or Certificate of Listing of Identical Drug Product (CLIDPI)<br>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.<br>License to Operate (LTO) - Certified True Copy<br>Certificate of Drug Analysis (kindly refer to the attached sheet marked as Annex "C") or in the absence of Certificate of Drug Analysis, submit Certificate of Innovator of Local Bioequivalence. (for IV/IM, Inhalation, Regulated and Cardiac Drugs)  |      |   |          |       |            |             |
| <b>Secondary Requirement/s to be submitted before issuance of Purchase Order.</b><br>Mayor's/ Business Permit<br>PhilGEPS Registration Number: _____<br>Omnibus Sworn Statement<br>Income/Business Tax Return<br><b>Terms and Conditions:</b><br>The Project shall be awarded as separate contracts per item<br>Delivery charge must be included to the unit price of your proposal and must be delivered at <u>Materials Management Office</u><br>Delivery term: <u>within 10 calendar days</u> upon receipt of Approved Purchase Order/Job Order<br>Payment Term: <u>within 30 calendar days</u> after the Final Acceptance<br>Shell life: Please see attached Annex "A"<br>Please submit in a sealed envelope on or before: _____<br><br><b>FOR PHARMACY USE</b><br>Note: Subject to 5% WT and 1%FT for VAT Registered Supplier<br>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:

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

\_\_\_\_\_  
Company

\_\_\_\_\_  
IMEE MARIE F. ALEJANDRINO  
Contact #: 0916-694-1317

\_\_\_\_\_  
Date