

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 C. BUSTILLOS, MPA
 Supervising Administrative Officer

QTY	UNIT	ITEMS	ABC/unit	BRAND	UNIT PRICE	TOTAL PRICE
30	vial	ANTICOAGULANT Streptokinase 1,500,000 IU	4,000.00			
<p>Primary Requirements: <i>Valid and current Certificate of Product Registration (CPR) or Certificate of Listing of Identical Drug Product (CLIDPI)</i> <i>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.</i> <i>License to Operate (LTO) - Certified True Copy</i></p>						
<p>Secondary Requirement/s to be submitted before issuance of Purchase Order. <i>Mayor's/ Business Permit</i> <i>PhilGEPS Registration Number: _____</i> <i>Omnibus Sworn Statement</i> <i>Income/Business Tax Return</i> 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 Shell life: Please see attached Annex "A" Please submit in a sealed envelope on or before: _____</p> <p>FOR PHARMACY 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:

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

 Name & Signature of Dealer

 Company

 Date