

**REQUEST FOR PRICE QUOTATION**

April 22, 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
3,000	ampule	<b>ANTI-ANEMIC</b> Iron Sucrose 20mg/ml, 5ml	104.33			
<p><b>Primary Requirements:</b>                      Valid and current Certificate of Product Registration (CPR) or Certificate of Listing of Identical Drug Product (CLIDPI)                      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.                      License to Operate (LTO) - Certified True Copy</p>						
<p><b>Secondary Requirement/s to be submitted before issuance of Purchase Order.</b>                      Mayor's/ Business Permit                      PhilGEPS Registration Number: _____                      Omnibus Sworn Statement                      Income/Business Tax Return  <b>Terms and Conditions:</b>                      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                      Shelf life: Please see attached Annex "A"                      Please submit in a sealed envelope on or before: <u>APR 26 2022 @ 2PM</u></p> <p><b>FOR PHARMACY USE</b>                      Note: Subject to 5% WT and 1%FT for VAT Registered Supplier                      3% WT and 1%FT for Non-VAT Registered Supplier</p>						

- The Hospital Bids and Awards Committee has the right to accept, reject and waived defects in canvass.
- 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