

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 QUOTATION**

June 15, 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
100	pcs	<b>Enteral Feeding Container</b> with tubing, roller clamp and connector calibrated by increments of 10cc to 60cc	480.00			
100	box	<b>Gloves, Sterile latex size 6.5</b> 50 pairs/box, thick, not easily thorn	800.00			
100	box	<b>Gloves, Sterile latex size 7.0</b> 50 pairs/box, thick, not easily thorn	800.00			
10000	sachet	<b>Jelly, Lubricating</b> water soluble, sterile and alcohol-free, clear, greaseless in individual packets or sachets of 5 gms	5.00			

Secondary Requirement/s to be submitted before issuance of Purchase Order.

Mayor's/ Business Permit

PhilGEPS Registration Number: \_\_\_\_\_

Omnibus Sworn Statement

Terms and Conditions:

The Project shall be awarded as separate contracts per item

Delivery charge must be included to the unit price of your proposal and must be delivered at **Materials Management Office**

Delivery term: **within 10 calendar days** upon receipt of Approved Purchase Order/Job Order

Payment Term: **within 30 calendar days** after the Final Acceptance

Please submit in a sealed envelope on or before: **JUN 17 2022 @ 10Am**

FOR HOSPITAL USE

Note: Subject to 5% WT and 1%FT for VAT Registered Supplier

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:

IMEE MARIE F. ALEJANDRINO

Contact #: 0916-694-1317

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

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date