

Philgeps

Republic of the Philippines  
REGION II TRAUMA AND MEDICAL CENTER  
Bayombong, Nueva Vizcaya  
Telofax No. (078-392-0190)  
Email: r2tmc@doh.gov.ph; vrh.procurement@gmail.com

**REQUEST FOR PRICE QUOTATION**

June 9, 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
1	lot	ORTHOPEDIC IMPLANTS FOR PATIENT DACANAY, ERSON 8 units Pedicle Screw 4 units Cross Link or CD Rods	400,000.00			
Note: Kindly specify in your quotation the unit cost per item						

**Requirement/s to be submitted before issuance of Purchase Order.**  
 Mayor's/ Business Permit  
 PhilGEPS Registration Number: \_\_\_\_\_  
 Omnibus Sworn Statement  
 Signed Memorandum of Agreement(MOA)

**Terms and Conditions:**  
 ■ For New Bidders/Suppliers: To ensure quality of your offered orthopedic implants, product demonstration is a requirement prior to the submission of price proposals.  
 ■ 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 Materials Management Office  
 ■ Delivery term: within 3-5 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 13 2022 @ 10:00AM

**TO SECURE ORTHOPEDIC IMPLANTS**  
 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:

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

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

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