

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

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
100	set	Syringe injector compatible with Nemoto Power Injector, 100ml with J. tube	1,000.00			
<p><b>Secondary Requirement/s to be submitted before issuance of Purchase Order.</b>            Mayor's/ Business Permit            PhilGEPS Registration Number: _____            Omnibus Sworn Statement</p> <p><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 after the Final Acceptance</u>            Please submit in a sealed envelope on or before: <u>JUN 13 2022 @ 10:00 AM</u></p> <p>FOR CT SCAN 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:

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

\_\_\_\_\_  
Company

\_\_\_\_\_  
Date

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