

Philgeps

REQUEST FOR QUOTATION

Date: February 13, 2023
 PR No.: 02-376-23

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
9,000	tablet	ANTHYPERLIPIDAEMIC Atorvastatin 80mg Primary Requirements: 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 issued by other DOH and Private Hospital License to Operate (LTO) - Certified True Copy	21.12			
		Secondary Requirement/s to be submitted before issuance of Purchase Order. Mayor's/ Business Permit PhilGEPS Registration Number: _____ Omnibus Sworn Statement Certificate of Availability of Stocks Terms and Conditions: The Project shall be awarded as one contract. Delivery charge must be included to the unit price of your proposal and specify the validity of the proposal. Delivery term: <u>within 10 calendar days</u> upon receipt of Approved Purchase Order and must be delivered at <u>Materials Management Office</u> during Mondays-Fridays (8:00am- 5:00pm) 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: FEB 17 2023 @ 10:00AM 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				

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:

Cherif

GARDNER CHEW P. SANIATAN
 Contact #: 0916-694-1317

 Name & Signature of Dealer

 Company

 Date