

*Philgeps*

**REQUEST FOR QUOTATION**

Date: February 13, 2023  
 PR No.: 02-381-382-23

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 & MODEL	UNIT PRICE	TOTAL PRICE
3,000	pcs	<b>Infusion set, Adult</b> luer lock connector w/ flip cap, air vent, transparent and flexible drip chamber, 180-250cm- tubing, standard Y	20.00			
1,200	pcs	<b>Blood Transfusion Set</b> w/ G19 needle transparent flexible and cylindrical drip chamber with 200 micron filter, regulator clamp to control transfusion rate, luer lock or rotating luer lock connector	20.00			

**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 separate contracts per item

Delivery charge must be included to the unit price of your proposal and specify the validity of the proposal.

Delivery term: within 10 calendar days upon receipt of Approved Purchase Order and must be delivered at

Materials Management Office during Mondays-Fridays (8:00am- 5:00pm)

Payment Term: within 30 calendar days after the Final Acceptance

Please submit in a sealed envelope on or before: \_\_\_\_\_

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:



GARDNER CHEK P. SANIATAN

Contact #: 0916-694-1317

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

\_\_\_\_\_  
 Company

\_\_\_\_\_  
 Date