**PURCHASE REQUEST**

<table>
<thead>
<tr>
<th>Stock/ Property No.</th>
<th>Unit</th>
<th>Item Description</th>
<th>Quantity</th>
<th>Unit Cost</th>
<th>Total Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>tablet</td>
<td>tablet</td>
<td>Hydroxychloroquine, 200 mg tablet</td>
<td>10,000</td>
<td>60.00</td>
<td>600,000.00</td>
</tr>
<tr>
<td>tablet</td>
<td>tablet</td>
<td>Zinc, 10 mg tablet (chewable)</td>
<td>10,000</td>
<td>15.00</td>
<td>150,000.00</td>
</tr>
</tbody>
</table>

****Nothing Follows****

Purpose: Emergency Purchase for CHD-Calabarzon to be distributed to Health Facilities (COVID-19)

<table>
<thead>
<tr>
<th>Signature :</th>
<th>Requested by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name :</td>
<td>RAcel G. Carreon, MM</td>
</tr>
<tr>
<td>Designation :</td>
<td>Chief Administrative Officer</td>
</tr>
</tbody>
</table>

Approved by: EDUARDO C. JANAIRO, MD, MPH, CESO III

Date: May 6, 2020
Request for Quotation
(NEGOTIATED/ EMERGENCY CASES)

COMPANY : ________________________________
ADDRESS : ________________________________
CONTACT NO: ________________________________

DATE : MAY 7, 2020
P. R. No. : 20-05-128
Requesting Unit : ADM. UNIT
Mode of Procurement : Negotiated/ Emergency (COVID-19)

Sir / Madam:

Please quote your lowest government price for each of the item(s) specified below. Submit it in a sealed envelope to BAC Secretariat Office or thru email at doh4a.rfq@gmail.com, not later than May 11, 2020, 10:00AM.

IMPORTANT:
1. Price should be valid for thirty (30) calendar days.
2. Delivery Period is within _______calendar days from receipt of Purchase Order (P.O.).
3. Warranty shall be for a period of _______months, if applicable.
4. Total Price quoted is subject to withholding tax.
5. Attach a valid (a) Mayor's Permit (b) BIR Registration Certificate (c) Tax Clearance Certificate (d) DTI Certificate and (e) PhilGEPS Registration / Certificate, upon submission of the quotation.
6. New suppliers are required to submit a company profile.
7. Submit original brochures showing the product being offered, if applicable.

Very truly yours,

NOEL G. PASION, MD, MPH, CESE
BAC Chairperson

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Unit of Measure</th>
<th>ITEM AND DESCRIPTION</th>
<th>QTY</th>
<th>TOTAL ABC</th>
<th>(Please specify Origin/ Brand/Model)</th>
<th>UNIT PRICE</th>
<th>TOTAL PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>tab</td>
<td>HYDROXYCHLOROQUINE, 200mg tablet, 100's per box</td>
<td>10,000</td>
<td>600,000.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>tab</td>
<td>ZINC, 10mg tablet(chewable), 100's per box</td>
<td>10,000</td>
<td>150,000.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

After having carefully read and accepted your general conditions, I/we quote you on the item at prices noted above.

Supplier's Signature Over Printed Name
Date