



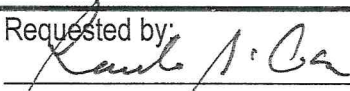
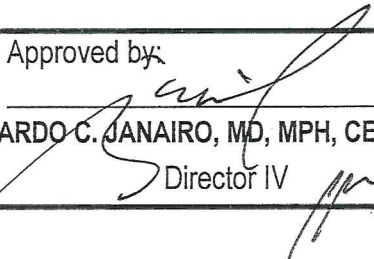
Republic of the Philippines
Department of Health
CENTER FOR HEALTH DEVELOPMENT (CALABARZON)
QMMC Compound, Project 4, Quezon City
Telephone No.: 438-6911



PURCHASE REQUEST

Entity Name: _____

Fund Cluster: _____

Office/Section :		PR No.: <u>2005-128</u>		Date: <u>May 6, 2020</u>	
		Responsibility Center Code : _____			
Stock/ Property No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
	tablet	Hydroxychloroquine, 200 mg tablet	10,000	60.00	600,000.00
	tablet	Zinc, 10 mg tablet (chewable)	10,000	15.00	150,000.00
		*****Nothing Follows*****			
					750,000.00
Purpose: Emergency Purchase for CHD-Calabarzon to be distributed to Health Facilities (COVID-19)					
Requested by:		Approved by:			
Signature : 		Signature : 			
Printed Name : RACEL G. CARREON, MM		EDUARDO C. JANAIRRO, MD, MPH, CESO III			
Designation : Chief Administrative Officer		Director IV			



Republic of the Philippines
Department of Health
CENTER FOR HEALTH DEVELOPMENT
CaLaBaRZon

QMMC Compound, Project 4, Quezon City 1109
Trunkline: (02)990.4032; Telefax 440-3443
Email Add: chd4a_doh_calabarzon@yahoo.com



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

Item No.	Unit of Measure	ITEM AND DESCRIPTION	QTY	TOTAL ABC	(Please specify Origin/ Brand/Model)	UNIT PRICE	TOTAL PRICE
1	tab	HYDROXYCHLOROQUINE, 200mg tablet, 100's per box	10,0000	600,000.00			
2	tab	ZINC, 10mg tablet(chewable), 100's per box	10,000	150,000.00			

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