



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.: 20-05-132		Date: May 12, 2020	
		Responsibility Center Code : _____			
Stock/ Property No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
	pc	Sterile Hosp. Grade Disposable Isolation Gown	1,000	1,500.00	1,500,000.00
	pc	Face Shield	1,000	150.00	150,000.00
	pc	DisposableShoe Cover	1,000	20.00	20,000.00
	pc	Disposable Head Cover	1,000	20.00	20,000.00
	pc	Non Sterile Surgical Gloves	1,000	5.00	5,000.00
	pc	Goggles, fog & scratch resistant	1,000	500.00	500,000.00
		****Nothing Follows****			
					2,195,000.00
Purpose: for emergency use of CHD-Calabarzon (COVID-19)					
Requested by:		Approved by:			
Signature :					
Printed Name :	NOEL G. PASION, MD., MPH, CESE	EDUARDO C. JANAIR, MD, MPH, CESO III			
Designation :	Chief, LHSD	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 12, 2020
P. R. No.	20-05-132
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 15, 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	pc.	Sterile Hosp. Grade Disposable Isolation Gown	1,000	1,500,000.00			
2	pc.	Face Shield	1,000	150,000.00			
3	pc.	Disposable Shoe Cover	1,000	20,000.00			
4	pc.	Disposable Head Cover	1,000	20,000.00			
5	pc.	Non-Sterile Surgical Gloves	1,000	5,000.00			
6	pc.	Goggles, Fog & Scratch Resistant	1,000	500,000.00			

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

DOH4A-BAC-RFQ SHOP/SVP Rev.0

Date