

Republic of the Philippines  
Department of Health  
CHD OFFICE IV-A (CaLaBaRZoN)  
QMMC Compound, Project 4, Quezon City  
Telephone No.: 438-6911

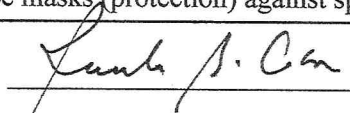
## PURCHASE REQUEST

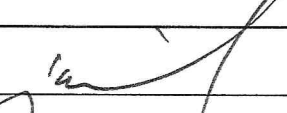
Entity Name: \_\_\_\_\_

Fund Cluster: HEPU

Office/Section:		PR No.: <b>2005 140</b>			Date: 5/26/2020
		Responsibility Center Code : _____			
Stock/ Property No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
	pcs	3 ply Washable/Reusable Face Mask (white)	5,000	35.00	175,000.00
	pcs	3 ply Washable/Reusable Face Mask (teal green)	5000	35.00	175,000.00
		<i>Specifications:</i>			
		Component: 100% cotton			
		Size: Freesize			
		Color: White and Teal Green			
		Antibacterial rate of 99.96% - 99.97%			
		* 3 Layer protective three times filter			
		* Outer water resistant non-woven			
		* Middle meltblown cloth			
				<b>Total:</b>	<b>350,000.00</b>

Purpose: Face masks (protection) against spread of COVID-19

Signature :   
Printed Name : **RACEL G. CARREON, MM**  
Designation : Chief Administrative Officer

  
**EDUARDO C. JANAIRÓ, MD, MPH, CESO III**  
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 26, 2020
P. R. No.	20-05-140
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](mailto:doh4a.rfq@gmail.com), not later than **May 28, 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	3 PLY WASHABLE/REUSABLE FACE MASK (white)	5,000	175,000.00			
2	pc	3 PLY WASHABLE/REUSABLE FACE MASK (teal green)	5,000	1750,000.00			

*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