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

PURCHASE REQUEST

<table>
<thead>
<tr>
<th>Office/Section</th>
<th>PR No.: 2005 140</th>
<th>Responsibility Center Code:</th>
<th>Date: 5/26/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<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>pcs</td>
<td></td>
<td>3 ply Washable/Reusable Face Mask (white)</td>
<td>5,000</td>
<td>35.00</td>
<td>175,000.00</td>
</tr>
<tr>
<td>pcs</td>
<td></td>
<td>3 ply Washable/Reusable Face Mask (teal green)</td>
<td>5000</td>
<td>35.00</td>
<td>175,000.00</td>
</tr>
</tbody>
</table>

Specifications:
- 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

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

Signature: [Signature]
Name: RACEL G. CARREON, MM
Designation: Chief Administrative Officer

EDUARDO C. JANAIRO, MD, MPH, CESO III
Director IV

Total: 350,000.00
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
(NEOTIATED/ EMERGENCY CASES)

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>DATE</th>
<th>ADDRESS</th>
<th>P. R. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MAY 26,2020</td>
<td></td>
<td>20-05-140</td>
</tr>
<tr>
<td>CONTACT NO:</td>
<td>Requesting Unit</td>
<td>Mode of Procurement</td>
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</tr>
<tr>
<td></td>
<td>ADM. UNIT</td>
<td>Negotiated/ Emergency (COVID-19)</td>
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</tr>
</tbody>
</table>

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 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,MMPH,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>UNIT PRICE</th>
<th>TOTAL PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>pc</td>
<td>3 PLY WASHABLE/REUSABLE FACE MASK (white)</td>
<td>5,000</td>
<td>175,000.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>pc</td>
<td>3 PLY WASHABLE/REUSABLE FACE MASK (teal green)</td>
<td>5,000</td>
<td>1750,000.00</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