



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>2006 159</u>		Date: <u>June 10, 2020</u>	
		Responsibility Center Code : _____			
Stock/ Property No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
	unit	UTM®: Viral Transport Disposable Specimen Collection Tube, Imported 13x75mm (3ml) 3ml Solution in a tube, 1 flexible - Nasopharyngeal Swabs, Molded-Breakpoint at 100mm, Sterile, Individually Wrapped Carton Size: 450x440x180mm Pack Rate: 20/10 Pack/Carton: 200	10,200	233.00	2,376,600.00
		****Nothing Follows****			
					2,376,600.00

Purpose: for emergency use of CHD-Calabarzon (COVID-19)

Requested by:
Signature : _____
Printed Name : **NOEL G. PASION, MD, MPH, CESE**
Designation : Chief, LHSD

Approved by:
Signature : _____
EDUARDO C. JANAIRRO, 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	JUNE 1, 2020
P. R. No.	20-06-150A
Requesting Unit	RESU
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 **June 4, 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	pack	UTM®: Viral Transport Specification: -Imported disposable specimen collection tube -13 x 75 mm (3ml) -3ml solution in a tube, -1 flexible-nasopharyngeal swabs, molded-breakpoint at 100mm, -sterile individual wrapped, -with sterile oral sticks for oral swabbing -200 pcs. per pack/carton	51	2,397,000.00			

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