



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 154</u>		Date: <u>June 3, 2020</u>	
		Responsibility Center Code : _____			
Stock/ Property No.	Unit	Item Description	Quantity	Unit Cost	Total Cost
1	unit	Laboratory Refrigerator (HYC-260),Capacity(L) 260, volt/frequency: 220/60,: Power: 340, Temp range:: 2-8, Door: Single Layer glass, Shelves/Inner door: 4/-, Interior (W*D*H): 550*460*1065, Exterior (W*D*H) 620*655*1720, Packing (W*D*H): 700*715*1810, Kg: 88/100, container load: 24/48/48	1	210,000.00	210,000.00
1	unit	Biomedical Freezer (DW-30L278), cabinet type: Upright, climate class: 4, Cooling type: Direct cooling, Defrost mode: Manual, Temperature range: -10~-30, capacity: 278/9.8, Exterior Dimension (mm): 745*675*1810, Exterior Dimension (in): 29.3*26.6*71.3	1	380,000.00	380,000.00
		*****Nothing Follows*****			
					590,000.00

Purpose: Emergency Purchase for CHD-Calabarzon

Signature : <u>Racel G. Carreon</u>	Requested by: _____	Approved by: <u>Eduardo C. Janairo</u>
Printed Name : RACEL G. CARREON, MM		EDUARDO C. JANAIRRO, MD, MPH, CESO III
Designation : Chief Administrative Officer		Director IV



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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 3, 2020
P. R. No.	20-06-154
Requesting Unit	ADM. UNIT
Mode of Procurement	Negotiated/ Emergency Cases

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 8, 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	unit	Laboratory Refrigerator	1	210,000.00			
2	unit	Biomedical Freezer	1	380,000.00			

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