**PURCHASE REQUEST**

**Entity Name:**

**Office/Section:**

**PR No.:** 2006154

**Responsibility Center Code:**

**Date:** June 3, 2020

<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>1</td>
<td>unit</td>
<td>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<em>D</em>H): 550<em>460</em>1065, Exterior (W<em>D</em>H): 620<em>655</em>1720, Packing (W<em>D</em>H): 700<em>715</em>1810, Kg: 88/100, container load: 24/48</td>
<td>1</td>
<td>210,000.00</td>
<td>210,000.00</td>
</tr>
<tr>
<td>1</td>
<td>unit</td>
<td>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<em>675</em>1810, Exterior Dimension (in): 29.3<em>26.6</em>71.3</td>
<td>1</td>
<td>380,000.00</td>
<td>380,000.00</td>
</tr>
</tbody>
</table>

*****Nothing Follows*****

**Purpose:** Emergency Purchase for CHD-Calabarzon

**Requested by:**

**Approved by:**

**Signature:**

**Printed Name:** RACEL G. CARREON, MM

**Designation:** Chief Administrative Officer

**Eduardo G. Janairo, 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  
Tel: (02) 490-4032, Telefax 440-3443  
Email Add: chd4h_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@qmail.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,

[Signature]
NOEL G. PASION, MD,MPH,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>(Please specify Origin/Brand/Model)</th>
<th>UNIT PRICE</th>
<th>TOTAL PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>unit</td>
<td>Laboratory Refrigerator</td>
<td>1</td>
<td>210,000.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>unit</td>
<td>Biomedical Freezer</td>
<td>1</td>
<td>380,000.00</td>
<td></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

DOH4A-BAC-RFQ SHOP/SVP Rev.0