



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	OCTOBER 9, 2020
P. R. No.	20-10-273
Requesting Unit	MSD
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 Procurement Office or thru email at doh4a.supply@gmail.com, not later than **October 13, 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	HOSP. BED, Mechanical, 2 cranks with side table and stool	40	1,600,000.00			

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