REQUEST FOR QUOTATION
(SHOPPING / SMALL VALUE PROCUREMENT)

COMPANY : ____________________________________________
ADDRESS : _____________________________________________
CONTACT NO: ____________________________________________

P. R. No. 20-05-146
Requesting Unit Family Health Unit
Mode of Procurement Shopping

Sir / Madam:

Please quote your lowest government price for each of the following 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 22, 2020.

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

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Description</th>
<th>QTY</th>
<th>TOTAL ABC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Surgical Mask</td>
<td>200</td>
<td>100,000.00</td>
</tr>
<tr>
<td>2</td>
<td>Medical/Surgical Examination Gloves</td>
<td>101</td>
<td>101,000.00</td>
</tr>
</tbody>
</table>

**TOTAL** 201,000.00

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

Republic of the Philippines
Department of Health
CENTER FOR HEALTH DEVELOPMENT
CaLaBaRZon
QMMC Compound, Project 4, Quezon City 1109
Trunkline: (02)82492000
Email Add: chd4a_doh_calabarzon@yahoo.com