



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



REQUEST FOR QUOTATION
(SHOPPING / SMALL VALUE PROCUREMENT)

COMPANY : _____
ADDRESS : _____
CONTACT NO: _____

Sir / Madam :

D A T E	August 21, 2020
P. R. No.	20-07-204
Requesting Unit	Oral Health Program
Mode of Procurement	Shopping

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 **August 24, 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

Item No.	Unit of Measure	ITEM AND DESCRIPTION	QTY	TOTAL ABC	(Please specify Origin/Brand/Model)	UNIT PRICE	TOTAL PRICE
1	pack	Antimicrobial Disinfecting Surface Wipes 30 sheets per pack Active ingredients: Twin Chain Quarternary ammonium compound Ethyl, Glycol, Fragrance 5.5 w x 8 L	1000	95,000.00			
TOTAL				95,000.00			

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