



Republic of the Philippines
 Department of Health
SAN LAZARO HOSPITAL
 Manila, Philippines



**REQUEST FOR QUOTATION
 ALTERNATIVE METHOD OF PROCUREMENT**

Sir/Madam:

Date: 09-23-19

Please give your quotation at Government price on the following articles/materials urgently needed to be purchased.

| ITEM # | QTY | UNIT | DESCRIPTION OF ARTICLES | UNIT COST | TOTAL COST | PRICE OFFER |
|--------|-------|--------|--|---------------|------------|-------------|
| 1 | 200 | vial | ACICLOVIR INJECTION: 25mg/ml, 10ml vial IV Infusion | 1,200.00 | 240,000.00 | |
| 2 | 5,000 | tablet | ACICLOVIR ORAL: 400mg tablet | 30.00 | 150,000.00 | |
| | | | | TOTAL: | 390,000.00 | |
| | | | REQUIREMENTS: 3 sets Individual sealed Quotation. (per Envelope contains Price Quotation with Documentary Requirements) | | | |
| | | | 1. PHilGEPS Certificate (CERTIFIED TRUE COPY with NAME and SIGNATURE) | | | |
| | | | 2. Mayors Permit (CERTIFIED TRUE COPY with NAME and SIGNATURE) | | | |
| | | | 3. SEC/DTI Registration (CERTIFIED TRUE COPY with NAME and SIGNATURE) | | | |
| | | | 4. Business/Income Tax Return (CERTIFIED TRUE COPY with NAME and SIGNATURE) | | | |
| | | | 5. NOTARIZED Omnibus Sworn Statement | | | |
| | | | SUBMISSION: SEPTEMBER 30, 2019, 10am at Procurement Department | | | |
| | | | VAT Inclusive : | | | |

Important:

1 This is an emergency purchase and all items/materials listed must be delivered within seven (7) working days after the receipt of the approved PURCHASE ORDER.

2 A winning dealer who fails to make delivery of the items being purchased within specified date, whether in whole or in part, SHALL BE CONSIDERED A DEFAULTING BIDDER and shall therefore be subjected to OPEN MARKET of the items/materials NOT DELIVERED and the DIFFERENCE IN PRICE to be charged against said defaulting bidder.

3 The Government reserves the right to reject any or all bids or quotations, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the canvass.

Name of Company: _____

Address: _____

Telephone #: _____

Authorized Representative: _____

DOMINICK M. DIAZ, MGM
 Head, Procurement Department

NESTLE MARIE R. TAGLE
 Canvasser

Note: Kindly send us your quotation with Requirements in Hard Copy