



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



REQUEST FOR QUOTATION
ALTERNATIVE METHOD OF PROCUREMENT

Sir/Madam:

Date:

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 | 75 | box | Examination Gloves, powder free, 100 pcs/box, Small | 200.00 | 15,000.00 | |
| 2 | 75 | box | Examination Gloves, powder free, 100 pcs/box, Medium | 200.00 | 15,000.00 | |
| 3 | 26 | box | Micropore tape, 1.25cm x 9.21 cm, 24 rolls/box | 540.00 | 14,040.00 | |
| | | | | | | |
| | | | | Total: | 44,040.00 | |
| | | | REQUIREMENTS: IN THREE (3) SEPARATE SEALED ENVELOPE | | | |
| | | | 1. PRICE QUOTATION | | | |
| | | | 2. PhilGEPS Certificate (CERTIFIED TRUE COPY with NAME and SIGNATURE) | | | |
| | | | 3. Mayors Permit (CERTIFIED TRUE COPY with NAME and SIGNATURE) | | | |
| | | | 4. SEC/DTI Registration (CERTIFIED TRUE COPY with NAME and SIGNATURE) | | | |
| | | | 5. Business/Income Tax Return (CERTIFIED TRUE COPY with NAME and SIGNATURE) | | | |
| | | | 6. NOTARIZED Omnibus Sworn Statement | | | |
| | | | 7. CPR and CGMP (if applicable) | | | |
| | | | SUBMISSION: January 15, 2020, 10am at Procurement Department | | | |
| | | | VAT Inclusive : | | | |

Important:

- 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.
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.
- 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

JILLSHARON E. JIMENEZ
Canvasser

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

FM-NOPSS-PROC-003

Date Effective : September 9, 2019, Rev. 2