



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	200	kit	Expanded Newborn Screening Test Kit	1,750.00	350,000.00	
				TOTAL:	350,000.00	
			REQUIREMENTS: IN THREE (3) SEPARATE SEALED ENVELOP			
			1. Price Quotation			
			2. PHIGEPS 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			
			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

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