



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



REQUEST FOR QUOTATION

Date: February 24, 2020

Sir/Madam:

Please give your quotation at Government prices on the following articles/materials urgently needed to be purchased by this hospital.

Item#	QTY.	UNIT	DESCRIPTION OF ARTICLES	Unit Cost	Total ABC
1	10,000	pcs	Pyrazinamide 500mg tab x 100	1.68	16,800.00
2	5000	pcs	Ethambutol Hydrochloride 400mg tab x 100	5.46	27,300.00
3	100	pcs	Isoniazid 200 mg/ 5ml, 120ml suspension	91.99	9,199.00
4	200	pcs	Pyrazinamide 250mg/ 5ml, 120ml suspension	72.39	14,478.00
5	92	pcs	Rifampicin 250mg/ 5ml, 120ml Suspension	170.84	15,717.28
6	7300	pcs	2HRZE/ 4HR Fix Dose Combination (INH 75mg, Pyrazinamide 400mg, Ethambutol HCl 275mg)	6.80	49,640.00
				TOTAL :	133,134.28
			Requirements: (3 sets in 3 separate sealed Enveloped)		
			1. Philgeps Platinum Cert. or Red (CTC w/ name and signature)		
			2. SEC/DTI Registration (CTC w/ name and signature)		
			3. Income tax return (CTC w/ name and signature)		
			4. Mayor's Permit (CTC w/ name and signature)		
			5. Omnibus Sworn Statement (notarized)		
			6. Certificate of Good Manufacturing Practice (CTC w/ name and signature)		
			7. Certificate of Product Registration (CTC w/ name and signature)		
			Deadline of submission on March 03, 2020 @ 10:00AM on 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 subject 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
Supervising Administrative Officer
Head Procurement Department


CARL MELVIN T. GALIN
Canvasser