



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



REQUEST FOR QUOTATION

Sir/Madam:

Date: April 29, 2020

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	500	capsules	Clindamycin Oral: 300mg (as HCl) Capsule	12.00	6,000.00
2	8000	tablets	Ethambutol HCl + Rifampicin + Isonia-zid + Pyrazinamide Oral: 275mg/150mg/75mg/400mg tablet	9.00	72,000.00
3	800	tablets	Spironolactone Oral: 25mg Tablet	20.00	16,000.00
4	200	tablets	Lactulose Oral: 3.3g/5ml, 120ml Syrup	90.00	18,000.00
5	3000	tablets	Vitamin B1B6B12(Vitamin B Complex) Oral: 100mg/5mg/50mcg Tablet	1.00	3,000.00
Requirements: (3 sets in 3 separate sealed Enveloped)				TOTAL :	115,000.00
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 Procdct Registration (CTC w/ name and signature)					
Deadline of submission on May 07, 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

ROWENA E. RODRIGUEZ
Canvasser