



**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	20	pack	Oropharyngeal Swab, sterile, dry swab, regular rayon tip, plastic	5,000.00	100,000.00	
2	2	kit	Chemical Spill Kit, 80L, absorb split chemical fluids, fast response to large spills and leaks in workplace. Suitable for absorption of hazardous chemical fluids (Kit contents: 1x google, 2x gloves, 3 sacks, 50 pads, 6 bags & ties)	10,000.00	20,000.00	
3	5	box	Disinfecting Wipes, Kills 99.9% virus and bacteria, multi surface cleaner, 75 ct wet wipes/ pack (3	3,000.00	15,000.00	
			TOTAL:		135,000.00	
			REQUIREMENTS: IN THREE (3) SEPARATE SEALED ENVELOP			
			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			
			SUBMISSION: May 5, 2020, 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

**JILLSHARON E. JIMENEZ**  
Canvasser

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