



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	5	License	ANTI - VIRUS WITH INTERNET PROTECTION >Software installer with License (2 years subscription at least) >Good for 5 units (at least) >Anti-virus and Internet Protection Software	8,500.00	42,500.00	
2	3	License	MS - OFFICE PROFESSIONAL > Software installer with License (lifetime use) >Good for 1 unit (at least) >Software must include Word, Excel, Powerpoint, Access, Outlook, Publisher	20,000.00	60,000.00	
			NOTE: Antivirus are reduced to 5 quantities since computer units for installation of software only sums up to 25 units (5x5)			
			REQUIREMENTS: (4 SETS IN 4 ENVELOPE EACH)			
			1. PhilGeps Certificate (certified true copy)		102,500.00	
			1. PhilGeps Certificate (certified true copy)			
			3. MAYOR'S / BUSINESS PERMIT (certified true copy)			
			4. INCOME BUSINESS TAX RETURN (certified true copy)			
			5. OMNIBUS SWORN STATEMENT (NOTARIZED)			
			8. DATE OF SUBMISSION ON Oct. 21, 2020 at 10:00 am AT PROCUREMENT DEPT.			
			NOTE: GTC INDICATING COMPANY NAME, NAME OF REPRESENTATIVE DESIGNATION & SIGNATURE			
			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

FREDERICK L. VILLAS

Canvasser

Note: Kindly Fax the Quotation at 711-6973

FM-HOPSS-PROC-003

Date Effective : September 9, 2019, Rev. 2