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	pack	**AUTOCLAVE BAGS, 12X24", 100'S/PACK**	6,000.00	30,000.00	
				Total:	**30,000.00**	
			REQUIREMENTS: IN THREE (3) SEPARATE SEALED ENVELOPE			
			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: _____, 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 thererfore 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:_____

Adress:_____

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