



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



**REQUEST FOR QUOTATION
ALTERNATIVE METHOD OF PROCUREMENT**

Sir/Madam:

DATE: December 23, 2020

Please give your quotation at Government price on the following articles/materials urgently needed to be purchased.

ITEM #	QTY.	UNIT	ITEMS DESCRIPTION	ABC		SUPPLIER'S PRICE OFFER	
				UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
1	10,000	pair	SHOE COVER - Non-woven, elastic disposable, non-skid	10.50	105,000.00		
2	1,000	pack	SURGICAL CAP - Material: Non-woven, any color, type: Strip type, 100pcs/pack	250.00	250,000.00		
				TOTAL:	355,000.00		
REQUIREMENTS: THREE (3) SETS IN THREE (3) SEPARATE SEALED ENVELOP							
1. Price Quotation							
2. PHNGEPS Certificate (CERTIFIED TRUE COPY with NAME, DESIGNATION and SIGNATURE)							
3. Mayors Permit (CERTIFIED TRUE COPY with NAME, DESIGNATION and SIGNATURE)							
4. SEC/DTI Registration (CERTIFIED TRUE COPY with NAME, DESIGNATION and SIGNATURE)							
5. Business/Income Tax Return (CERTIFIED TRUE COPY with NAME, DESIGNATION and SIGNATURE)							
6. Omnibus Sworn Statement - NOTARIZED							
7. CGMP (Certificate of Good Manufacturing Practice) If applicable.							
8. CPR (Certificate of Product Registration) If applicable.							
SUBMISSION: January 6, 2021 @ 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

NESTLE MARIE R. TAGLE
Cavassal

Note: For verification please contact us at 8711-6973 loc. 138

FM-HOPSS-PROC-003

Date Effective : February 21, 2020 Rev. 3