Republic of the Philippines
DEPARTMENT OF HEALTH
Regional Office XI
Southern Philippines Medical Center
J.P. Laurel Avenue, Davao City
Tel. No. 227-2731; Fax No. 221-7029

Request for Quotation

Company Name : _____ Date : July 6, 2021
Address : _____ Quotation No. : 2021-07-0257
TIN Number : _____

Please quote your lowest price on the item/s listed below, subject to the General Conditions of the B & Awards Committee stating the shortest time of delivery & submit your quotation duly signed by your representative not later than Tuesday, 13 July 2021 in the return envelope attached herewith:

mjmontillano
MAROCEL C. MONTILLANO, MD, FPAFP
BAC I Chairperson

Terms & Conditions:

1. *As a government agency, SPMC shall deal only with legitimate supplier/contractor which issue BIR-registered O.R.s;*
2. *Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable;*
3. *All quotations shall be firm and valid for a period at least thirty (30) days from the date of receipt of quotation;*
4. *SPMC reserves the right to post-qualify any supplier and/or to reject any or all submitted quotations;*
5. *P.O./Contract shall be awarded to the lowest evaluated responsive bid, delivered items are subject to inspection, with payment processing to commence only after acceptance by the Property Section; and*
6. *Warranty shall be for a six (6) months for supplies & materials, one (1) year for equipment from date of acceptance by the procuring entity.*

Additional Requirements for Submission:

Business Permit / Mayor's Permit
Certificate of Philgeps Registration and Membership
Bureau of Internal Revenue (BIR) Registration
Omnibus Sworn Statement (Using the prescribed form)
License to Operate (*for Medical, Laboratory, Drugs & Medicines only*)
Certificate of Product Registration (*for Medical, Laboratory, Drugs & Medicines only*)
D T I / S E C Registration Certificate
Valid PCAB License and Registration (for Infrastructure Projects)

Item No.	Unit	Item Description	ABC Amount (per unit)	Quantity	Unit Price	Remarks
1	Vials	Tocilizumab 400mg	₱23,051.22	30		
2	box	CATHEJELL LIDOCAINE HYDROCHLORIDE CHLORHEXIDINE DIHYDROCHLORIDE 12.5G	₱295.00	72		
		Office/Section: PHARMA SEC.#1(1120); SPCL. LAB.-URO UNIT #2(731)				

E-Mail Address: *spmc.procurement@gmail.com*
Telephone / Fax: *(082) 282-0316*
Agency Website: *http://spmc.doh.gov.ph/opportunities/procurement/request-for-quotation*

Signature Over Printed Name
Telephone / Cellphone Nos.
Date