Republic of the Philippines
DEPARTMENT OF HEALTH
Regional Office XI
Southern Philippines Medical Center
J.P. Laurel Avenue, Davao City

Request for Quotation

(for Emergency Purchase)

Company Name : _____ Date : _____

Address : _____ Quotation No. : _____

TIN Number : _____

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

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.*

Item No.	Unit	Item Description	Quantity	Unit Price	Remarks
1	**vial/s**	**Remdesivir Injection, 100mg/20ml (5mg/ml)**	**2,000**	**1,425.00**	
		NOTE: must be delivered withing seven (7) days			

Signature Over Printed Name

Telephone / Cellphone Nos.

Date