



**Republic of the Philippines
Province of Negros Occidental
City of San Carlos**

Telephone No. (034) 312-5205

REQUEST FOR QUOTATION

REF. NUMBER:	0435 /
DATE:	April 5, 2024 /
PURCHASE REQUEST NO.	9-23-02-0430 /
DATED:	February 28, 2024 /
ABC:	Lot V /
BAC RES. NO.	NP-SVP /
DATED:	April 4, 2024 /

CITY HOSPITAL /

Gentlemen:

Please quote your lowest price on the item/s listed below, subject to the General Conditions, stating the shortest time of delivery and submit your quotation duly signed by your representative.

MA. BRITA D. REBADOMIA
CGADH I-PMSD

BAC Secretariat & Procurement Div.-CMO(Reassigned)

- NOTE:
1. ALL ENTRIES MUST BE TYPEWRITTEN / HANDWRITTEN
 2. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY PROCURING ENTITY
 3. PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS
 4. ALL DELIVERIES MUST BE F.O.B. SAN CARLOS CITY, NEGROS OCCIDENTAL
 5. **PLEASE SUBMIT YOUR QUOTATION 7 CALENDAR DAYS UPON RECEIPT OF REQUEST FOR QUOTATION (RFQ) (EXCEPT FOR GASOLINE & DIESEL FUEL)**

ITEM NO.	UNIT	ITEM & DESCRIPTION	QTY.	UNIT PRICE	TOTAL
1	ampule	LOT 5 / Dexamethasone 4 mg/mL, 2 mL Solution for Injection Ampule / NOTE: 1. Must submit a copy of CPR/CLIDP during canvass. / 2. Must submit a sample of their products quoted during canvass or within five (5) working days thereafter except for suppliers who have already delivered the same brand/ name of medicines to the San Carlos Hospital. Expiration date of samples must be at least 18 months. / 3. Product offered must have at least 18 months expiration date from date of delivery. / X-X-X-X-X-X-X-X Delivery Term:15 Working Days /	1,800		
PURPOSE		For use of San Carlos City Hospital, this city. /			

After having carefully read and accepted your General Conditions, I/We quote you on the item/s at prices noted above.

Printed Name/Signature

CANVASSED BY: _____
Printed Name/Signature

Tel.No./Cellphone No./E-Mail Address

Date