



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


Telephone No. (034) 312-5205

REQUEST FOR QUOTATION	
REF. NUMBER:	0589
DATE:	May 16, 2024
PURCHASE REQUEST NO.	9-24-02-0257
DATED:	February 15, 2024
ABC:	Lot IV 40,000.00
	IX 22,500.00
	XVII 140,000.00
BAC RES. NO.	NP-SVP / 0571-24
DATED:	May 16, 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:
- ALL ENTRIES MUST BE TYPEWRITTEN / HANDWRITTEN
 - 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
 - PRICE VALIDITY SHALL BE FOR A PERIOD OF 120 CALENDAR DAYS
 - ALL DELIVERIES MUST BE F.O.B. SAN CARLOS CITY, NEGROS OCCIDENTAL
 - 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	vial	LOT 4 Cefotaxime 1gram vial	800		
1	vial	LOT 9 Hydrocortisone 250 mg Powder for Injection Vial	150		
1	pfs	LOT 17 Enoxaparin 100 mg/mL, 0.4 mL Solution for Injection Pre-filled Syringe	400		
		NOTE: 1. Must submit a copy of CPR/CLIDP during canvass. 2. Must submit CGMP, Bio-analysis (for Antibiotics only), during the bidding or 7 working days thereafter. 3. Antibiotics must be Batch Notified upon verification from the FDA Portal. 4. Must submit a sample of their products offered during canvass or within seven (7) working days thereafter except for suppliers who have already delivered the same brand of medicines to the San Carlos City Hospital. Expiration date of samples must be at least 18 months. 5. Product offered must have at least 18 months expiration date from date of delivery. Winning supplier must provide a guarantee letter to pull-out and replace near expiry items 3 months prior to expiration date once the delivered item has less than 18 months expiration date from delivery date. X-X-X-X-X-X-X-X-X-X Delivery Term:15 Working Days			
PURPOSE		For the 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