



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


Telephone No. (034) 312-5205

REQUEST FOR QUOTATION	
REF. NUMBER:	0782 /
DATE:	July 11, 2024 /
PURCHASE REQUEST NO.	9-24-02-0257 /
DATED:	February 5, 2024 /
ABC:	Lot V / 30,000.00 /
	XVI / 32,000.00 /
BAC RES. NO.	NP-SVP / 0807-24 /
DATED:	July 11, 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-PMSS
 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 /	capsule	LOT 5 / Celecoxib 200 mg Capsule /	6,000		
1	tablet	LOT 16 / Ciprofloxacin 500 mg Tablet / 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 /	6,400		
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.

CANVASSER BY: _____
Printed Name/Signature

Printed Name/Signature

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

Date