

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

Telephone Ro. (034) 312-5205

|   |         | REQUEST FOR QUOTATION   |                 |                  | HOTATION            |
|---|---------|---|-----------------|------------------|---------------------|
| L<br>R  |         |   | F. NUMBER: 0378 |                  |                     |
|   | DATE    |   |                 |                  | April 10, 2025      |
| -   |         |   | CHASE REQ       | UEST NO.         | 9-25-02-0407        |
|   |         | DAT   | ED:             |                  | February 25, 2025 / |
|   |         | ABC   | :               |                  | 760,540.00          |
|   |         | BAC   | RES. NO.        | TFB /            | 0460-25             |
|   |         | DAT   | ED:             |                  | April 10, 2025      |
| 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.                       |         |   |                 |                  |                     |
|   |         |   |                 |                  |                     |
| To Child  |         |   |                 |                  |                     |
|   |         |   | 1               | MA. BRITA D.     | REBADOMIA           |
|   |         |   |                 | CGA              | DH V                |
|   |         |   | BAC Se          | cretariat & Proc | curement DivCMO     |
| NOTE: 1. ALL ENTRIES MUST BE TYPEWRITTEN / HANDWRITTEN  |         |   |                 |                  |                     |
|   | 2.      | WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES   | & MATERIAL      | .S,              |                     |
|   |         | ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY PROC     | CURING ENTIT    | ΓY               |                     |
|   | 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 FO       | R QUOTATION (RFQ)   |
|   |         | EXCEPT FOR GASOLINE AND DIESEL FUEL.                            |                 |                  |                     |
| 100   |         |   |                 |                  |                     |
| ITEM  | UNIT    | ITEM & DESCRIPTION  | QTY.            | UNIT             | TOTAL               |
| NO.   | OIVII   |   | Q11.            | PRICE            | TOTAL               |
|   |         | Delivery Term:15 Working Days                                   |                 |                  |                     |
| 1   | /pcs    | 3 way stop cock /   | 200             |                  |                     |
| 2   | folls   | Absorbent Cotton 400g /   | 120             |                  |                     |
| 3   | pcs     | Adhesive Plaster 4x5 Cloth Type Brown Box of 4                  | /100            |                  |                     |
| 4   |         | Adhesive Tape Hypoallergenic 1" x 10 yrd /                      | ,600            |                  |                     |
| 5   | pcs     | Arm Sling Adult /   | <b>/60</b>      |                  |                     |
| 6   | pcs     | Asepto Syringe /  | 300             |                  |                     |
| 7   | pcs     | Diaper Adult (Large)  | 500             |                  |                     |
| 8   | pcs     | Endotracheal Intubation set with Laryngoscope 7.5               | 30              |                  |                     |
| 9   | pcs     | Endotracheal Tube 7.5 /   | 100             |                  |                     |
| 10  | pcs     | Eye Protector for Newborn Phototherapy                          | 500             |                  |                     |
| 11  |         | I.V. Splint medium (Adult) /                                    | 1,000           |                  |                     |
| 12  |         | I.V. Splint Small (Newborn)                                     | 200             |                  |                     |
| 13  |         | Medicine Cup  | 700             |                  |                     |
| 14  |         | Oxygen Canula (Adult)   | 1,000           |                  |                     |
| 15  |         | Poly 0 (Round) Braided Absorbable 36's /                        | 108             |                  |                     |
| 16  |         | Poly 2/0 (Round) Taper Absorbable 36's                          | 108             |                  |                     |
| 17  |         | Poly 3/0 Round/ taper braided absorbable 36's /                 | /216            |                  |                     |
| 18  |         | Poole Drain Set /   | /250            |                  |                     |
| 19  |         | Povidone 10% 60 ml bottle /                                     | <b>600</b>      |                  |                     |
| 20  | pcs     | Silk 3/0 Cutting (Braided Non absorbable Suture Cutting) 36's/  | 216             |                  |                     |
| 21  | pcs     | Sterile Alocohol Pads /   | 15,000          |                  |                     |
| 22  | pcs     | Surgical Blade # 10 /   | /300            |                  |                     |
| 23  |         | Surgical Blade # 11 /   | /300            |                  |                     |
| 24  | pcs     | Surgical Skin Stapler # 35                                      | /100            |                  |                     |
| 25  | pcs     | Underpads /   | ∕500            |                  |                     |
|   | 1       | Note:   |                 |                  |                     |
|   |         | Must submit a copy of CPR/CLIDP during canvass. /               |                 |                  |                     |
|   |         | 2. Must submit a sample of their products offered during        |                 |                  |                     |
|   | 1       | canvass or within seven (7) working days thereafter             |                 |                  |                     |
|   |         | 3. Product offered must have at least 2 years expiration date f |                 |                  |                     |
| 1   |         | must provide a guarantee letter to pull -out and replace near e |                 |                  | to expiration/      |
|   |         | date once the delivered items has less than 2 years expiration  | date from d     | delivery date    |                     |
|   |         | 4. Valid License to Operate (LTO) issued by the FDA             |                 |                  |                     |
|   |         | x-x-x-x-x-x-x-x   |                 |                  |                     |
| PURPOSE For the use of San Carlos City Hospital   |         |   |                 |                  |                     |
|   |         |   |                 |                  |                     |
|   |         |   |                 |                  |                     |
|   |         | After having carefully read and accepted your General Condition | ns, I/We qu     | ote you on the   | item/s at           |
| prices  | noted a | pove.   |                 |                  |                     |
|   |         |   | -               | 5//              | 10:                 |
|   |         |   |                 | Printed Nan      | ne/Signature        |
|   |         |   |                 |                  |                     |
| CANVASSED BY:   |         |   |                 |                  |                     |
|   |         | Printed Name/Signature  | Tel             | No./Cellphone    | No:/E-Mail Address  |

Date