

Republic of the Philippines
 Department of Health
NORTHERN MINDANAO MEDICAL CENTER
 Capitol Compound, Cagayan de Oro City
 Telephone No.: 726382; Fax No.: 721794
 Website: www.doh.gov.ph/nmmc

REQUEST FOR QUOTATION

Company Name _____
 Address: _____

Date: 05/20/2021
 Quotation No.: 210520-27 RC
 P.R. No.: SM-21-0642 /

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than 3 days from receipt hereof submit also business permit, DTI or SEC registration in the return envelope attached herewith.

Leticia G. Caingles
 LETICIA G. CAINGLES
 SAC, Head-Procurement Unit

- NOTE:
- All entries must be typewritten
 - Delivery period within 7 calendar days.
 - Warranty shall be for a period of six months for supplies & materials, one (1) year for equipment from date of acceptance by the Procuring Entity.
 - Price validity shall be for a period of 30 calendar days.
 - Bidders shall submit original brochures showing certification of the product being offered.
 - Supplier must submit Platinum Membership of PhilGEPS.

ITEM	ITEM & DESCRIPTION	BRAND	ABC/Unit	QTY	UNIT	UNIT PRICE	TOTAL
5	Wipes, lint-free, no-static, disposable, small, 4.5 x 8.5 in 280 sheets/pack x - x - x nothing follows x - x - x		142.00	12	pack		

Purpose: For COVID-19 Satellite Laboratory.

Delivery Period: _____

Warranty: _____

Price Validity: _____

Signature over Printed Name _____

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Capitol Compound, Cagayan de Oro City

COMMITTEE ON AWARD FORM NO. 2

This is to certify that I have received from the Canvasser of the Northern Mindanao Medical Center, Cagayan de Oro City

5/20/2021
210520-27 RC

05/20/2021
(Date)

at NMMC.

NAME OF BIDDERS	SIGNATURE OF BIDDERS	DATE RECEIVED	DATE RETURNED	RECEIVED BY

I hereby certify that I delivered

Quotation No.:
PR No.:
BAC Resolution No.

5/20/2021
210520-27 RC
BR-667-A s. 2021