

Republic of the Philippines  
Department of Health  
NORTHERN MINDANAO MEDICAL CENTER  
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

210906-01  
DM 21-1308

09/06/2021  
(Date)

at NMMC.

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

I hereby certify that I delivered

Quotation No.: 210906-01  
PR No.: DM 21-1308

BAC Resolution No. BR-1009 s.2021

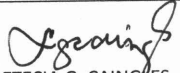
\_\_\_\_\_  
Canvasser

Republic of the Philippines  
 Department of Health  
**NORTHERN MINDANAO MEDICAL CENTER**  
 Capitol Compound, Cagayan de Oro City  
 Telephone No.: 726362; Fax No.: 721794  
 Website: [www.doh.gov.ph/nmmc](http://www.doh.gov.ph/nmmc)

**REQUEST FOR QUOTATION**

Company Name _____	Date: _____	09/06/2021
Address: _____	Quotation No.: _____	210906-01
_____	P.R. No.: _____	DM 21-1308

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 PhilGEPS Platinum Membership in the return envelope attached herewith.

  
 LETECIA G. CAINGLES  
 SAO, Head-Procurement Unit

- NOTE:
1. All entries must be typewritten
  2. Delivery period within 7 calendar days.
  3. Warranty shall be for a period of six months for supplies & materials, two (2) year for equipment from date of acceptance by the Procuring Entity.
  4. Price validity shall be for a period of 30 calendar days.
  5. Bidders shall submit original brochures showing certification of the product being offered.
  6. Bidders shall submit PhilGEPS Platinum Membership Certification.

ITEM	ITEM & DESCRIPTION	BRAND	ABC/Unit	QTY	UNIT	UNIT PRICE	TOTAL
1	Remdesivir 100mg Lyophilized Powder for IV Infusion		2,000.00	1,500	vials		
	x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x						
	Purpose: Pharmacy/For COVID-19 patients use.						

Delivery Period: \_\_\_\_\_  
 Warranty: \_\_\_\_\_  
 Price Validity: \_\_\_\_\_

\_\_\_\_\_  
 Signature over Printed Name