

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

REQUEST FOR QUOTATION

Company Name _____	Date: <u>10/04/2021</u>
Address: _____	Quotation No.: <u>211004-01</u>
	P.R. No.: <u>DM 21-1391</u>

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.

Letecia G. Cailles
 LETECIA G. CAILLES
 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, one (1) 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. Supplier must submit Platinum Membership of PhilGEPS.

ITEM NO.	ITEM & DESCRIPTION	BRAND	ABC/Unit	QTY	UNIT	UNIT PRICE	TOTAL
1	Remdesevir 100mg lyophilized powder for IV infusion <i>x - x - x nothing follows x - x - x</i>		1,500.00	1,500	vial		

Purpose: For COVID -19 Patients Use/Pharmacy.

Delivery Period: _____
 Warranty: _____
 Price Validity: _____

Signature over Printed Name / Contact No. _____

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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

211004-01
DM 21-1391

10/04/2021
 (Date)

at NMMC.

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

I hereby certify that I delivered

Quotation No.:
BAC Resolution No.

211004-01
BR- 1045 s.2021

Canvasser