



Republic of the Philippines
Department of Health
JOSE R. REYES MEMORIAL MEDICAL CENTER
BIDS AND AWARDS COMMITTEE

DC: 8562-5338/ 8711-9491 loc. 245

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1405**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

Jose R. Reyes Memorial Medical Center, through its Hospital Bids and Awards Committee (HBAC), intends to procure Drugs and Medicine in accordance with section 53.2 of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

Please quote your **best offer** for this item described herein, subject to the Terms and Conditions provided at last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative **not later than 12 AUGUST 2021** .

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ <i>Certificate of Product Registration</i> ❖ <i>Mayor's Permit</i> ❖ <i>Income Tax Return</i> ❖ <i>Omnibus Sworn Statement (notarized)</i>	To be submitted together with this RFQ	

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **jrrmmc_bacsec@yahoo.com**.

(sgd)
EMELITO VALDEZ-TAN, M.D.
Chairman, HBAC-A2



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REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1405**

INSTRUCTIONS:

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

After having carefully read and accepted the Terms and Conditions, I/ We submit our quotation/s for the item/s as follows:

PR. no.: 2021-07-3511 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Albumin, Human Inj 20%, 50 ml Bottle IV Infusion				1,800.00	500 Bottles		

TERMS OF PAYMENT: *(Please check one)*

Terms/ Deferred Payment

Cheque upon Delivery (COD)

Note: *No Clearing time before the delivery*

DELIVERY PERIOD: *Seven (7) working days*

TERMS AND CONDITIONS:

1. Bidders shall provide correct and accurate information required in this form.
2. Price quotation/s must be valid for a period of **thirty (30) calendar days** from the date of the receipt of Purchase Order/ Job Order.
3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
4. Award of the contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest-rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
5. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
6. The item/s shall be delivered according to the requirements specified in the Technical Specifications (item description).



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REQUEST FOR QUOTATION

Date: 06 August 2021

RFQ No.: HBAC-A2-2021-08-1405

7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

Signature over Printed Name

Position/ Designation

Office Telephone/ Fax Number

Email address/es



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REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1395**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

Jose R. Reyes Memorial Medical Center, through its Hospital Bids and Awards Committee (HBAC), intends to procure Drugs and Medicine in accordance with section 53.2 of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

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REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1395**

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After having carefully read and accepted the Terms and Conditions, I/ We submit our quotation/s for the item/s as follows:

PR. no.: 2021-07-3511 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Ascorbic Acid Oral: 500mg Tablet				0.88	1000 Tablets		
Aspirin 100mg Tablet				2.81	400 Tablets		

TERMS OF PAYMENT: *(Please check one)*

Terms/ Deferred Payment

Cheque upon Delivery (COD)

Note: *No Clearing time before the delivery*

DELIVERY PERIOD: *Seven (7) working days*

TERMS AND CONDITIONS:

1. Bidders shall provide correct and accurate information required in this form.
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REQUEST FOR QUOTATION

Date: 06 August 2021

RFQ No.: HBAC-A2-2021-08-1395

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REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1396**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

Jose R. Reyes Memorial Medical Center, through its Hospital Bids and Awards Committee (HBAC), intends to procure Drugs and Medicine in accordance with section 53.2 of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

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(sgd)
EMELITO VALDEZ-TAN, M.D.
 Chairman, HBAC-A2



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REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1396**

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After having carefully read and accepted the Terms and Conditions, I/ We submit our quotation/s for the item/s as follows:

PR. no.: 2021-07-3511 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Azithromycin 500mg tablet				10.83	1400 Tablets		

TERMS OF PAYMENT: *(Please check one)*

Terms/ Deferred Payment

Cheque upon Delivery (COD)

Note: *No Clearing time before the delivery*

DELIVERY PERIOD: *Seven (7) working days*

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REQUEST FOR QUOTATION

Date: 06 August 2021

RFQ No.: HBAC-A2-2021-08-1396

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REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1397**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

Jose R. Reyes Memorial Medical Center, through its Hospital Bids and Awards Committee (HBAC), intends to procure Drugs and Medicine in accordance with section 53.2 of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

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(sgd)
EMELITO VALDEZ-TAN, M.D.
Chairman, HBAC-A2



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REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1397**

INSTRUCTIONS:

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After having carefully read and accepted the Terms and Conditions, I/ We submit our quotation/s for the item/s as follows:

PR. no.: 2021-07-3511 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Budesonide + Formoterol 160mcg + 4.5mcg x 60 doses Dry Powder Turbuhaler				835.47	100 Turbuhaler		

TERMS OF PAYMENT: *(Please check one)*

Terms/ Deferred Payment

Cheque upon Delivery (COD)

Note: *No Clearing time before the delivery*

DELIVERY PERIOD: *Seven (7) working days*

TERMS AND CONDITIONS:

1. Bidders shall provide correct and accurate information required in this form.
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REQUEST FOR QUOTATION

Date: 06 August 2021

RFQ No.: HBAC-A2-2021-08-1397

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Signature over Printed Name

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REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1398**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

Jose R. Reyes Memorial Medical Center, through its Hospital Bids and Awards Committee (HBAC), intends to procure Drugs and Medicine in accordance with section 53.2 of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

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❖ <i>Certificate of Product Registration</i> ❖ <i>Mayor's Permit</i>	To be submitted together with this RFQ	

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(sgd)
EMELITO VALDEZ-TAN, M.D.
Chairman, HBAC-A2



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REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1398**

INSTRUCTIONS:

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4. Failure to follow these instructions will disqualify your entire quotation.

After having carefully read and accepted the Terms and Conditions, I/ We submit our quotation/s for the item/s as follows:

PR. no.: 2021-07-3511 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Butamirate Citrate 50mg MR Tablet				13.00	1000 Tablets		

TERMS OF PAYMENT: *(Please check one)*

Terms/ Deferred Payment

Cheque upon Delivery (COD)

Note: *No Clearing time before the delivery*

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REQUEST FOR QUOTATION

Date: 06 August 2021

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REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1399**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

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REQUEST FOR QUOTATION

Date: 06 August 2021

RFQ No.: HBAC-A2-2021-08-1399

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PR. no.: 2021-07-3511 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Carvedilol Oral: 6.25mg Tablet				1.33	500 Tablets		
Clonidine Oral: 75mcg Tablet				5.22	400 Tablets		

TERMS OF PAYMENT: *(Please check one)*

Terms/ Deferred Payment

Cheque upon Delivery (COD)

Note: *No Clearing time before the delivery*

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REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1400**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

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After having carefully read and accepted the Terms and Conditions, I/ We submit our quotation/s for the item/s as follows:

PR. no.: 2021-07-3511 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Co-Amoxiclav (Amoxicillin + Potassium Clavulanate) Oral: 875 mg Amoxicillin (as trihydrate) + 125 mg Potassium Clavulanate per Tablet				11.00	1,000 Tablets		

TERMS OF PAYMENT: *(Please check one)*

Terms/ Deferred Payment

Cheque upon Delivery (COD)

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TERMS AND CONDITIONS:

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5. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
6. The item/s shall be delivered according to the requirements specified in the Technical Specifications (item description).



Republic of the Philippines
Department of Health
JOSE R. REYES MEMORIAL MEDICAL CENTER
BIDS AND AWARDS COMMITTEE

DC: 8562-5338/ 8711-9491 loc. 245

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: 06 August 2021

RFQ No.: HBAC-A2-2021-08-1400

7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

Signature over Printed Name

Position/ Designation

Office Telephone/ Fax Number

Email address/es



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Department of Health
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BIDS AND AWARDS COMMITTEE

DC: 8562-5338/ 8711-9491 loc. 245

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1401**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

Jose R. Reyes Memorial Medical Center, through its Hospital Bids and Awards Committee (HBAC), intends to procure Drugs and Medicine in accordance with section 53.2 of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

Please quote your **best offer** for this item described herein, subject to the Terms and Conditions provided at last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative **not later than 12 AUGUST 2021** .

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ <i>Certificate of Product Registration</i> ❖ <i>Mayor's Permit</i>	To be submitted together with this RFQ	

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **jrrmmc_bacsec@yahoo.com**.

(sgd)
EMELITO VALDEZ-TAN, M.D.
Chairman, HBAC-A2



Republic of the Philippines
Department of Health
JOSE R. REYES MEMORIAL MEDICAL CENTER
BIDS AND AWARDS COMMITTEE

DC: 8562-5338/ 8711-9491 loc. 245

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1401**

INSTRUCTIONS:

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

After having carefully read and accepted the Terms and Conditions, I/ We submit our quotation/s for the item/s as follows:

PR. no.: 2021-07-3511 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Enalapril Oral: 5mg tablet (as maleate)				4.06	500 Tablets		

TERMS OF PAYMENT: *(Please check one)*

Terms/ Deferred Payment

Cheque upon Delivery (COD)

Note: *No Clearing time before the delivery*

DELIVERY PERIOD: *Seven (7) working days*

TERMS AND CONDITIONS:

1. Bidders shall provide correct and accurate information required in this form.
2. Price quotation/s must be valid for a period of **thirty (30) calendar days** from the date of the receipt of Purchase Order/ Job Order.
3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
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BIDS AND AWARDS COMMITTEE

DC: 8562-5338/ 8711-9491 loc. 245

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: 06 August 2021

RFQ No.: HBAC-A2-2021-08-1401

7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

Signature over Printed Name

Position/ Designation

Office Telephone/ Fax Number

Email address/es



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BIDS AND AWARDS COMMITTEE

DC: 8562-5338/ 8711-9491 loc. 245

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1402**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

Jose R. Reyes Memorial Medical Center, through its Hospital Bids and Awards Committee (HBAC), intends to procure Drugs and Medicine in accordance with section 53.2 of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

Please quote your **best offer** for this item described herein, subject to the Terms and Conditions provided at last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative **not later than 12 AUGUST 2021**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ <i>Certificate of Product Registration</i> ❖ <i>Mayor's Permit</i> ❖ <i>Omnibus Sworn Statement (notarized)</i>	To be submitted together with this RFQ	

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **jrrmmc_bacsec@yahoo.com**.

(sgd)
EMELITO VALDEZ-TAN, M.D.
Chairman, HBAC-A2



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 JOSE R. REYES MEMORIAL MEDICAL CENTER
BIDS AND AWARDS COMMITTEE

DC: 8562-5338/ 8711-9491 loc. 245

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1402**

INSTRUCTIONS:

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

After having carefully read and accepted the Terms and Conditions, I/ We submit our quotation/s for the item/s as follows:

PR. no.: 2021-07-3511 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Enoxaparin Inj. 100mg/ml, 0.4ml pre-filled syringe				218.00	380 Pre- filled Syringes		

TERMS OF PAYMENT: *(Please check one)*

Terms/ Deferred Payment

Cheque upon Delivery (COD)

Note: *No Clearing time before the delivery*

DELIVERY PERIOD: *Seven (7) working days*

TERMS AND CONDITIONS:

1. Bidders shall provide correct and accurate information required in this form.
2. Price quotation/s must be valid for a period of **thirty (30) calendar days** from the date of the receipt of Purchase Order/ Job Order.
3. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
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BIDS AND AWARDS COMMITTEE

DC: 8562-5338/ 8711-9491 loc. 245

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: 06 August 2021

RFQ No.: HBAC-A2-2021-08-1402

7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
8. The committee reserves the right to reject any and all bids, declare a failure of bidding any time prior to the contract award, or not to award the contract, without thereby incurring any liability, and make no assurance that a contract shall be entered into as a result of the bidding.

Signature over Printed Name

Position/ Designation

Office Telephone/ Fax Number

Email address/es



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REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1403**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

Jose R. Reyes Memorial Medical Center, through its Hospital Bids and Awards Committee (HBAC), intends to procure Drugs and Medicine in accordance with section 53.2 of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

Please quote your **best offer** for this item described herein, subject to the Terms and Conditions provided at last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative **not later than 12 AUGUST 2021** .

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ <i>Certificate of Product Registration</i> ❖ <i>Mayor's Permit</i> ❖ <i>Income Tax Return</i> ❖ <i>Omnibus Sworn Statement (notarized)</i>	To be submitted together with this RFQ	

For any clarification/s, you may contact us at the telephone no. **8711-94-91 local 245 or 8562-53-38** or email address at **jrrmmc_bacsec@yahoo.com**.

(sgd)
EMELITO VALDEZ-TAN, M.D.
Chairman, HBAC-A2



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Department of Health
JOSE R. REYES MEMORIAL MEDICAL CENTER
BIDS AND AWARDS COMMITTEE

DC: 8562-5338/ 8711-9491 loc. 245

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: 06 August 2021

RFQ No.: HBAC-A2-2021-08-1403

INSTRUCTIONS:

1. Accomplish this RFQ correctly and accurately.
2. Do not alter the contents of this form in any way.
3. All technical specifications are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
4. Failure to follow these instructions will disqualify your entire quotation.

After having carefully read and accepted the Terms and Conditions, I/ We submit our quotation/s for the item/s as follows:

PR. no.: 2021-07-3511 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Epoetin Alpha 4000IU / 0.4ml PFS (Recombinant Human Erythropoietin)				405.00	1000 Pre- filled Syringes		

TERMS OF PAYMENT: *(Please check one)*

Terms/ Deferred Payment

Cheque upon Delivery (COD)

Note: *No Clearing time before the delivery*

DELIVERY PERIOD: *Seven (7) working days*

TERMS AND CONDITIONS:

1. Bidders shall provide correct and accurate information required in this form.
2. Price quotation/s must be valid for a period of **thirty (30) calendar days** from the date of the receipt of Purchase Order/ Job Order.
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REQUEST FOR QUOTATION

Date: 06 August 2021

RFQ No.: HBAC-A2-2021-08-1403

7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
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Signature over Printed Name

Position/ Designation

Office Telephone/ Fax Number

Email address/es



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REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1404**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

Jose R. Reyes Memorial Medical Center, through its Hospital Bids and Awards Committee (HBAC), intends to procure Drugs and Medicine in accordance with section 53.2 of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

Please quote your **best offer** for this item described herein, subject to the Terms and Conditions provided at last page of this RFQ. Submit your quotation duly signed by you or your duly authorized representative **not later than 12 AUGUST 2021** .

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Document	Deadline	Remarks
❖ <i>Certificate of Product Registration</i> ❖ <i>Mayor's Permit</i>	To be submitted together with this RFQ	

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(sgd)
EMELITO VALDEZ-TAN, M.D.
Chairman, HBAC-A2



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BIDS AND AWARDS COMMITTEE

DC: 8562-5338/ 8711-9491 loc. 245

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: **06 August 2021**

RFQ No.: **HBAC-A2-2021-08-1404**

INSTRUCTIONS:

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4. Failure to follow these instructions will disqualify your entire quotation.

After having carefully read and accepted the Terms and Conditions, I/ We submit our quotation/s for the item/s as follows:

PR. no.: 2021-07-3511 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Furosemide Inj.: 10mg/ml, 2ml ampule				6.43	3,000 Ampules		

TERMS OF PAYMENT: *(Please check one)*

Terms/ Deferred Payment

Cheque upon Delivery (COD)

Note: *No Clearing time before the delivery*

DELIVERY PERIOD: *Seven (7) working days*

TERMS AND CONDITIONS:

1. Bidders shall provide correct and accurate information required in this form.
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jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: 06 August 2021

RFQ No.: HBAC-A2-2021-08-1404

7. JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
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Signature over Printed Name

Position/ Designation

Office Telephone/ Fax Number

Email address/es