

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

jrrmmc\_bacsec@yahoo.com

	120		T FOR QUOT.	n	lator O1 Inv	0 2022	
					ate: <u>01 Jur</u> FQ No.: <u>HB</u>	AC-A-2023-0	6-1199
NAME OF COMPANY:							
COMPANY ADDRESS:	- T						
TAX IDENTIFICATION NO.: PHILGEPS REGISTRATION NO. (if a	nnlical	ble):					
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Jose R. Reyes Memorial M intends to procure <u>Various Labor</u> Implementing Rules and Regulations	ratory	Supp	lies in accor	dance with se			
Please quote your <b>best off</b> provided at last page of this RFQ representative <b>not later than 8 June</b>	. Subn	nit yo					
For any clarification/s, you or email address at bacsec@jrrmme			us at the tele	phone no. 8711	1-94-91 loca	al 245 or 850	52-53-38
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the equipment against expected in	6	Lillen	allows within	/	Chairperson,		
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Accomplish this RFQ correct							
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After having carefully read and accitem/s as follows:						r quotation/	s for the
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PR. no.: 2023-03-2704 (Dept. of Pat				3rd Canvass	Giner Years	nesticy 2 her	i material
Technical Specifications	EXE	AT- MPT	Brand / Model /		OTV	BID	TOTAL
	EXE	AT-	Brand / Model / Country of Origin (if	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
Technical Specifications	EXE	AT- MPT ?	Brand / Model / Country of		2,000	OFFER/	TOTAL
Technical Specifications (ITEM DESCRIPTION)  Applicator stick, 1000 pieces / pack Water, distilled / filtered / mineral in	EXE	AT- MPT ?	Brand / Model / Country of Origin (if	ABC/UNIT	2,000 pieces 120	OFFER/	TOTAL
Technical Specifications (ITEM DESCRIPTION)  Applicator stick, 1000 pieces / pack	EXE	AT- MPT ?	Brand / Model / Country of Origin (if	ABC/UNIT	2,000 pieces	OFFER/	TOTAL
Technical Specifications (ITEM DESCRIPTION)  Applicator stick, 1000 pieces / pack Water, distilled / filtered / mineral in gallon	Y	AT- MPT ? N	Brand / Model / Country of Origin (if	ABC/UNIT	2,000 pieces 120	OFFER/	TOTAL
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Technical Specifications (ITEM DESCRIPTION)  Applicator stick, 1000 pieces / pack Water, distilled / filtered / mineral in gallon  TERMS OF PAYMENT: (Please charmed in gallon)  Terms / Deferred Payment Cheque upon Delivery (COD)	Y Y neck on	AT-MPT ? N	Brand / Model / Country of Origin (if applicable)  Chairpe Vice-Ch Membe	ABC/UNIT  1.00  150.00  erson: Dr. Melito A	2,000 pieces 120 gallons	OFFER/ UNIT	
Technical Specifications (ITEM DESCRIPTION)  Applicator stick, 1000 pieces / pack Water, distilled / filtered / mineral in gallon  TERMS OF PAYMENT: (Please ch	Y Y neck on	AT-MPT ? N	Brand / Model / Country of Origin (if applicable)  Chairpe Vice-Ch Membe Ms. Am	ABC/UNIT  1.00  150.00  erson: Dr. Melito A	2,000 pieces 120 gallons	OFFER/ UNIT	



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#### REQUEST FOR QUOTATION

PR. no.: 2023-03-2704 (Dept. of Pathology and Laboratories)

#### TERMS AND CONDITIONS:

- 1. Bidders shall provide correct and accurate information required in this form.
- 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.
- Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
- 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.
- 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.
- The item/s shall be delivered according to the requirements specified in the Technical Specifications (item description).
- JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
- 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
Positio	on/ Designation
Office Tele	phone/ Fax Number
Ema	il address/es

JRRMMC-F-BAC-VB-49 June 1, 2021 Revision No.: 0 Page of



BIDS AND AWARDS COMMITTEE

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

jrrmmc\_bacsec@yahoo.com

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Jose R. Reyes Memorial National Intends to procure Various De Implementing Rules and Regulation	ntal ns of t	Suppl the Rep	lies_in a public Act	ccord No. 9	ance with so 184.	ection 53.9	of the 201	6 Revised
Please quote your <b>best of</b> provided at last page of this RF representative <b>not later than</b> <u>08</u> J	Q. Su	ıbmit						
For any clarification/s, you or email address at <u>bacsec@jrrmn</u>			ct us at th	ne tele	ephone no. 87		cal 245 or 8	562-53-38
					MELITO A	ANTONIO P.	RAMOS, MD	FPOA
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PR. no.: 2023-05-4255 (Dental) 2nd	d Can	2250						
Technical Specifications	V	AT- MPT?	Brand / N	ry of	ABC/UNIT	QTY	BID OFFER/	TOTAL
(ITEM DESCRIPTION)	Y	N	Origin applica		noc, our	۷	UNIT	TOTAL
Isopropyl, alcohol 70% (3.78L)					400.00	3 gallons	See sale	
Mouth mirror (no handle size 5 mirror only)					50.00	30 pieces		
TERMS OF PAYMENT: (Please chee	ck one	2)	Г	Ch. I				T III
☐ Terms/ Deferred Payment				Vice	rperson: Dr. Me -Chairperson: M			
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Troce in clearing time before	e tne a	ielivery	<i>y</i>		Amita Tiquis – Te tyan Rainier Sisca			



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#### REQUEST FOR QUOTATION

#### TERMS AND CONDITIONS:

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pavable.

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Signature over Printed Name	
Position/ Designation	
Office Telephone/ Fax Number	r
Email address/es	



BIDS AND AWARDS COMMITTEE

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

jrrmmc\_bacsec@yahoo.com

Date: 01 June 2023

REQUEST	FOR QUO	TATION
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NAME OF COMPANY:								
OMPANY ADDRESS:			L			72.00 - 44.00		
AX IDENTIFICATION NO.:								
HILGEPS REGISTRATION NO. (if								
Jose R. Reyes Memorial Metends to procure Ten (10) piece 2016 Revised Implementing Rules of Please quote your best of provided at last page of this RF representative not later than 08 In	es Ther and Re ffer for Q. Sul	mal pegulation of this bornit	oaper sma ions of th item de	all, 11( e Repu escribe	ommx20m in ablic Act No. 9 dherein, sub	accordance ( 184. oject to the	with section Terms and	53,9 of the Conditions
For any clarification/s, you r email address at <b>bacsec@jrrmn</b>	ı may o	contac	ct us at th	ne tele		NTONIO P.	RAMOS, MD	. FPOA
				CTION		Champerso	II, HONG	121
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DC: 8562-5338/8711-9491 loc. 245

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#### REQUEST FOR QUOTATION

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  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	er
Email address/es	



BIDS AND AWARDS COMMITTEE

jrrmmc\_bacsec@yahoo.com

					B	- CALLERY SECTION AND ADDRESS.	30 May 2023 BAC-A-2023-	
NAME OF COMPANY:						u Q.11011 <u>II</u>		
COMPANY ADDRESS:								
TAX IDENTIFICATION NO.:							- Alberts - Sy	
PHILGEPS REGISTRATION NO. (								
Jose R. Reyes Memorial intends to procure One (1) roll Implementing Rules and Regulation Please quote your best of provided at last page of this Representative not later than 06  For any clarification/s, you	ons of the offer for RFQ. Sub- June 20	this omit y	Pouch is ublic Act item des	n acco No. 91 scribed station	rdance with s 84. I herein, subje duly signed l	ect to the	9 of the 2010 Terms and Control your duly a	6 Revised Conditions outhorized
or email address at <i>bacsec@jrrm</i>	mc.gov.	<u>ph</u>				/	n	
					MELITO AN	TONIO P.	RAMOS, MD,	FPOA
					I-IEEE TO THE		7. Y. (21/1/1919)	
			INSTRUC	CTION		Chairperso	on, HBAC	9
Accomplish this RFQ corre     Do not alter the contents of all technical specifications will disqualify your quota     Failure to follow these instance having carefully read and item/s as follows:	of this fo s are ma ition. struction	d accur orm in andato as will	any way. ry. Failur disqualif	re to co fy your	S: omply with any entire quotation	of the ma	ndatory requi	rements
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BIDS AND AWARDS COMMITTEE

jrrmmc\_bacsec@yahoo.com

#### REQUEST FOR QUOTATION

#### TERMS AND CONDITIONS:

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).
- 7. IRRMMC 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	200
Position/ Designation	
Office Telephone/ Fax Number	r
Email address/es	_

IRRMMC-F-BAC-VB-49 June 1, 2021 Revision No.: 1 Page \_ of



irrmmc\_bacsec@yahoo.com

Date: 30 May 2023

#### REQUEST FOR QUOTATION

	RFQ No.: HBAC-A-2023-05-1164
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 Various Medical Supplies in accordance with section 53.9 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 06 June 2023.

For any clarification/s, you may contact us at the telephone no. 8711-94-9 or email address at bacsec@jrrmmc.gov.ph

MELITO ANTÓNIO P. RAMOS, MD, FPOA

Chairperson, HBAC

#### 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.: 2023-05-4272 (Anesthesiology)

Technical Specifications (ITEM DESCRIPTION)	VAT- EXEMPT?		Brand / Model / Country of	ABC/UNIT	QTY	BID	TOTAL
	Y	N	Origin (if applicable)	ABC/UNII	riy	OFFER/ UNIT	TOTAL
Disposable invasive blood pressure transducer (arterial line biosensor) compatible with pressure transducer of Schiller Argus LSM. GE patient monitor				2,470.00	20 pieces		
Insulated nerve block needle with nerve stimulator hub gauge 21 x 4 inches 30 degree bevel				1,170.00	20 pieces		
Tracheal tube introducer (bougie) Fr10 70cm, sterile				780.00	10 pieces		
Tracheal tube introducer (bougie) Fr15 70cm, sterile				780.00	10 pieces		
Nasopharyngeal airway with adjustable flange Fr 26				650.00	24 pieces		
Nasopharyngeal airway with adjustable flange Fr 28				650.00	24 pieces		
Nasopharyngeal airway with adjustable flange Fr 30				156.00	12 pieces		
1000ml Disposable pressure infuser for blood and intravenous fluid				1,950.00	2 pieces		



jrrmmc\_bacsec@yahoo.com

### REQUEST FOR QUOTATION

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		Chairperson: Dr. Melito Antonio P. Ramos			
	TEDMC A	ND CONDITIONS:			
1 p: 1					
	ders shall provide correct and accurate in	of <i>thirty (30) calendar days</i> from the date of the receipt of			
	chase Order/ Job Order.	of thirty (50) calendar days from the date of the receipt of			
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	able.	appine pesse shall include an autos, addes, and, or levies			
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		which complies with the minimum technical specifications			
100000	other terms and conditions stated herei				
		shall be valid only if they are signed or initialed by you or			
	of your duly authorized representative/				
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2003009		ny and all bids, declare a failure of bidding any time prior to			
		ract, without thereby incurring any liability, and make no			
	urance that a contract shall be entered in				
		M.			
		Signature over Printed Name			
		Position/ Designation			
		romany songulation			
		Office Telephone/ Fax Number			

Email address/es



BIDS AND AWARDS COMMITTEE

jrrmmc\_bacsec@yahoo.com

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

# REQUEST FOR QUOTATION

						RFO No.: H	BAC-A-2023	-05-1163
NAME OF COMPANY:						III Q III II		
OMPANY ADDRESS:								
AX IDENTIFICATION NO.:						-		
HILGEPS REGISTRATION NO. (if	applice	able):			a Hasnital Di	de and Array	de Committe	on (HBAC)
Jose R. Reyes Memorial Materials to procure Fifty (50) piece implementing Rules and Regulation	s Indi	cator	, Biologi	ical in	accordance w	ith section <u>5</u>	3.9 of the 20	16 Revised
Please quote your <b>best of</b> rovided at last page of this RF epresentative <b>not later than</b> 06 In	Q. Sub	mit	item de your que	escribe otation	d herein, sul duly signed	oject to the by you or	Terms and your duly	Conditions authorized
A. 4 이 100 (1996) 이 경험을 있는데 되는데 있는데 이 경험을 되었다. (아니다						/	1	
For any clarification/s, you	may c	contac	ct us at t	he tele	phone no. 87	11-94-91/10	dal 245 or 8	562-53-38
r email address at <i>bacsec@jrrmn</i>	ic.gov.	<u>ph</u>				/	~	
					MELITO A	NTONIO P.	RAMOS, MD	FPOA
					7/1	Chairperso	n, HBAC	109
Service Control of the Control of th	100	in a	INSTRU	CTION	IS:	1	0 3	1
Accomplish this RFQ correct								
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will disqualify your quotati		nuau	ory, ranu	re to c	ompiy with ai	iy of the mai	idatory requ	rements
Failure to follow these instr		11						
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fter having carefully read and a em/s as follows:	ccepte						our quotation	n/s for the
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After having carefully read and a tem/s as follows: PR. no.: 2023-05-4334 (Nursing / Technical Specifications	ccepte CSSD)	d the	Brand /	Model try of	onditions, I/	We submit o	BID	
After having carefully read and a tem/s as follows:  PR. no.: 2023-05-4334 (Nursing /	CSSD) VA	d the	Brand / / Count	Model try of				n/s for the
After having carefully read and a tem/s as follows:  PR. no.: 2023-05-4334 (Nursing /  Technical Specifications (ITEM DESCRIPTION)  Indicator, Biological, with at least 2-3 hours reading for gravity placement steam sterilizer	CSSD) VA' EXEM	d the	Brand /	Model try of	onditions, I/	We submit o	BID OFFER/	
ther having carefully read and a tem/s as follows:  PR. no.: 2023-05-4334 (Nursing / Technical Specifications (ITEM DESCRIPTION)  Indicator, Biological, with at least 1-3 hours reading for gravity placement steam sterilizer	CSSD) VA' EXEM	d the	Brand / / Count	Model try of	ABC/UNIT	QTY	BID OFFER/	
fter having carefully read and a sem/s as follows:  R. no.: 2023-05-4334 (Nursing / Technical Specifications (ITEM DESCRIPTION)  Indicator, Biological, with at least -3 hours reading for gravity lacement steam sterilizer	CSSD) VA' EXEM	d the	Brand / / Count	Model try of	ABC/UNIT	QTY	BID OFFER/	
fter having carefully read and a tem/s as follows:  R. no.: 2023-05-4334 (Nursing / Technical Specifications (ITEM DESCRIPTION)  Indicator, Biological, with at least -3 hours reading for gravity placement steam sterilizer ompatible to existing incubator	CSSD) VA EXEM	T- IPT?	Brand / / Count	Model try of n (if able)	ABC/UNIT	QTY 50 pieces	BID OFFER/ UNIT	TOTAL
ter having carefully read and a em/s as follows:  R. no.: 2023-05-4334 (Nursing / Technical Specifications (ITEM DESCRIPTION)  Indicator, Biological, with at least -3 hours reading for gravity lacement steam sterilizer ompatible to existing incubator  ERMS OF PAYMENT: (Please che	CSSD) VA EXEM	T- IPT?	Brand / / Count	Model try of n (if able)	ABC/UNIT 560.00	QTY 50 pieces	BID OFFER/ UNIT	TOTAL
Technical Specifications (ITEM DESCRIPTION)  dicator, Biological, with at least a hours reading for gravity accement steam sterilizer ompatible to existing incubator  ERMS OF PAYMENT: (Please che	CSSD) VA' EXEM Y	T- IPT?	Brand / / Count	Model try of n (if able)	ABC/UNIT	QTY 50 pieces	BID OFFER/ UNIT	TOTAL
ter having carefully read and a em/s as follows:  R. no.: 2023-05-4334 (Nursing / Technical Specifications (ITEM DESCRIPTION)  Indicator, Biological, with at least -3 hours reading for gravity lacement steam sterilizer ompatible to existing incubator  TERMS OF PAYMENT: (Please che Terms/ Deferred Payment Cheque upon Delivery (COD	CSSD) VA EXEM Y	T- IPT? N	Brand / / Count Origin applica	Model try of n (if able) Chai Vice	ABC/UNIT  560.00  rperson: Dr. Me -Chairperson: M	QTY 50 pieces	BID OFFER/ UNIT	TOTAL
ter having carefully read and a tem/s as follows:  R. no.: 2023-05-4334 (Nursing / Technical Specifications (ITEM DESCRIPTION)  Indicator, Biological, with at least -3 hours reading for gravity lacement steam sterilizer ompatible to existing incubator  TERMS OF PAYMENT: (Please che	CSSD) VA EXEM Y	T- IPT? N	Brand / / Count Origin applica	Model try of n (if able)	ABC/UNIT  560.00  rperson: Dr. Me-Chairperson: M	QTY  50 pieces  lito Antonio P. I	BID OFFER/ UNIT	TOTAL
After having carefully read and a tem/s as follows:  PR. no.: 2023-05-4334 (Nursing / Technical Specifications (ITEM DESCRIPTION)  Indicator, Biological, with at least 2-3 hours reading for gravity placement steam sterilizer compatible to existing incubator  TERMS OF PAYMENT: (Please che Terms/ Deferred Payment Cheque upon Delivery (COD	CSSD) VA' EXEM Y  ck one;	T- IPT? N	Brand / / Count Origin applica	Model try of n (if able) Chai Vice Men Ms. A	ABC/UNIT  560.00  rperson: Dr. Me-Chairperson: Mobers: Amita Tiquis - Te	QTY  50 pieces  lito Antonio P. I	BID OFFER/ UNIT	TOTAL



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

jrrmmc\_bacsec@yahoo.com

#### REQUEST FOR QUOTATION

#### TERMS AND CONDITIONS:

- Bidders shall provide correct and accurate information required in this form.
- 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.
- Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties, and/ or levies payable.
- 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.
- 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.
- The item/s shall be delivered according to the requirements specified in the Technical Specifications (item description).
- JRRMMC shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.
- 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 Na	me
Position/ Designation	
Office Telephone/ Fax Num	ber
Email address/es	



BIDS AND AWARDS COMMITTEE

jrrmmc\_bacsec@yahoo.com

### REQUEST FOR QUOTATION

					RFQ No.: H	BAC-A-2023	-05-1161
AME OF COMPANY:							
OMPANY ADDRESS:							
AX IDENTIFICATION NO.:		abla).					
Jose R. Reyes Memorial N	Modic	al Cor	ter through it	s Hospital Ric	ds and Awar	rds Committe	e (HBAC).
tends to procure <u>Various De</u>	ntal !	Suppl	ies in accorda	ance with se	ection <u>53.9</u>	of the 201	6 Revised
Please quote your best of					sign to the	Torms and	Conditions
rovided at last page of this RF epresentative <b>not later than</b> <u>06 Ju</u>	Q. Su	bmit	your quotation	duly signed	by you or	your duly	authorized
For any clarification/s, you remail address at bacsec@jrrmn			ct us at the tele	phone no. 87	11-94-91/0	cal 245 or 8	562-53-38
eman address at bucsec@jiTmin	rc.gov	pit				.,.	
				MELITO A	NTONIO P.	RAMOS, MD	FPOA
		40-1		M. Torrest	Chairperso	n, HBAC	7
			INSTRUCTION	IS:		cosp	4
1. Accomplish this RFQ correct							
<ol> <li>Do not alter the contents of</li> <li>All technical specifications:</li> </ol>				omnly with ar	v of the man	datory requi	rements
will disqualify your quotati		maac	ory. randre to c	omply with at	ly of the mai	radiory requi	Tements
4. Failure to follow these instr		ns will	disqualify you	r entire quota	tion.		
fter having carefully read and a em/s as follows: R. no.: 2023-04-3433 (Dental) 2nd	d Canv	ass		onditions, 17	we submit (	our quotation	nys for the
	VAT- EXEMPT?		Brand / Model	ABC/UNIT	QTY	BID OFFER/	
Technical Specifications	EXEN		/ Country of	ABC/UNIT	QTY		TOTAL
Technical Specifications (ITEM DESCRIPTION)	INCREMENTATION OF STREET	N N		ABC/UNIT	QTY		TOTAL
(ITEM DESCRIPTION) Antiseptic Oral Solution, povidone iodine 50 ml/bottle	EXEN		/ Country of Origin (if	ABC/UNIT 800.00	QTY 7 bottles	OFFER/	TOTAL
(ITEM DESCRIPTION) Antiseptic Oral Solution, povidone iodine 50 ml/bottle Mouth Mirror (no handle size 5 mirror only)	EXEN		/ Country of Origin (if			OFFER/	TOTAL
(ITEM DESCRIPTION) Intiseptic Oral Solution, sovidone iodine 50 ml/bottle Mouth Mirror (no handle size 5 mirror only) Toothpaste at least	EXEN		/ Country of Origin (if	800.00	7 bottles	OFFER/	TOTAL
(ITEM DESCRIPTION)  Intiseptic Oral Solution, ovidone iodine 50 ml/bottle  Mouth Mirror (no handle size 5 mirror only)  Toothpaste at least 1.20z/equivalent	Y	N	/ Country of Origin (if applicable)	800.00 50.00 120.00	7 bottles 30 pieces 1 Tube	OFFER/ UNIT	TOTAL
(ITEM DESCRIPTION)  Intiseptic Oral Solution, ovidone iodine 50 ml/bottle  Mouth Mirror (no handle size 5 mirror only)  Toothpaste at least 1.20z/equivalent  TERMS OF PAYMENT: (Please che	Y	N	/ Country of Origin (if applicable)	800.00 50.00 120.00 rperson: Dr. Me	7 bottles 30 pieces 1 Tube	OFFER/ UNIT	
(ITEM DESCRIPTION)  Intiseptic Oral Solution, ovidone iodine 50 ml/bottle  Iouth Mirror (no handle size 5 hirror only)  Ioothpaste at least .2oz/equivalent  TERMS OF PAYMENT: (Please che	Y Y	N	/ Country of Origin (if applicable)  Chai	800.00 50.00 120.00 rperson: Dr. Me-Chairperson: M	7 bottles 30 pieces 1 Tube	OFFER/ UNIT	
(ITEM DESCRIPTION)  Intiseptic Oral Solution, ovidone iodine 50 ml/bottle  Iouth Mirror (no handle size 5 mirror only)  Toothpaste at least leas	Y Y	N )	/ Country of Origin (if applicable)  Chai	800.00 50.00 120.00 rperson: Dr. Me-Chairperson: Mabers:	7 bottles 30 pieces 1 Tube lito Antonio P.	OFFER/ UNIT	ndez
(ITEM DESCRIPTION) Intiseptic Oral Solution, sovidone iodine 50 ml/bottle Mouth Mirror (no handle size 5 mirror only) Toothpaste at least 1.2oz/equivalent  TERMS OF PAYMENT: (Please che	Y Y	N )	/ Country of Origin (if applicable)  Chai Vice Men Ms. A	800.00 50.00 120.00 rperson: Dr. Me-Chairperson: M	7 bottles 30 pieces 1 Tube lito Antonio P. s. Geraldine M	OFFER/ UNIT	ndez
Antiseptic Oral Solution, povidone iodine 50 ml/bottle Mouth Mirror (no handle size 5 mirror only) Toothpaste at least 8.2oz/equivalent  TERMS OF PAYMENT: (Please che	Y  ck one	N (eliver	Chai Vice Men Dr. F	800.00 50.00 120.00 rperson: Dr. Me-Chairperson: Mabers:	7 bottles 30 pieces 1 Tube lito Antonio P. s. Geraldine M	OFFER/ UNIT	ndez



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the contract award, or not to award the contract, without thereby incurring any liability, and make no
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Signature over Printed Name
Position/ Designation
Office Telephone/ Fax Number
Email address/es