



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: _____

RFQ No.: **HBAC-A-2021-06-1063**

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** _____ .

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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RFQ No.: HBAC-A-2021-06-1063

INSTRUCTIONS:

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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.: 2021-06-2672 (Welfare Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Albumin, Human 20%, 50 ml Bottle				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.
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REQUEST FOR QUOTATION

Date: _____

RFQ No.: **HBAC-A-2021-06-1063**

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: _____

RFQ No.: **HBAC-A-2021-06-1064**

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: _____

RFQ No.: **HBAC-A-2021-06-1064**

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PR. no.: 2021-06-2672 (Welfare Pharmacy)

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

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RFQ No.: **HBAC-A-2021-06-1064**

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Date: _____

RFQ No.: **HBAC-A-2021-06-1065**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

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PR. no.: 2021-06-2672 (Welfare Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Chlorhexidine Gluconate 0.12%, 120ml				105.00	100 Bottles		

TERMS OF PAYMENT: *(Please check one)*

___ Terms/ Deferred Payment

___ Cheque upon Delivery (COD)

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PR. no.: 2021-06-2672 (Welfare Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Enoxaparin 100mg/ml, 0.4ml Pre-filled syringe				218.00	500 Pre- filled Syringe		

TERMS OF PAYMENT: *(Please check one)*

Terms/ Deferred Payment

Cheque upon Delivery (COD)

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REQUEST FOR QUOTATION

Date: _____

RFQ No.: **HBAC-A-2021-06-1067**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

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REQUEST FOR QUOTATION

Date: _____

RFQ No.: **HBAC-A-2021-06-1067**

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PR. no.: 2021-06-2672 (Welfare Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Ipratropium + Salbutamol MDI: 21 micrograms ipratropium (as bromide) + 120 micrograms salbutamol x 200 doses x 10ml				924.00	320 Pieces		

TERMS OF PAYMENT: *(Please check one)*

Terms/ Deferred Payment

Cheque upon Delivery (COD)

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Date: _____

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REQUEST FOR QUOTATION

Date: _____

RFQ No.: **HBAC-A-2021-06-1068**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

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REQUEST FOR QUOTATION

Date: _____
RFQ No.: **HBAC-A-2021-06-1068**

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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.: 2021-06-2672 (Welfare Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Metoclopramide Inj.: 5mg/ml, 2ml ampule (IM, IV) (as base and as hydrochloride				3.85	500 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:

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REQUEST FOR QUOTATION

Date: _____

RFQ No.: **HBAC-A-2021-06-1069**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

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REQUEST FOR QUOTATION

Date: _____

RFQ No.: **HBAC-A-2021-06-1069**

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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.: 2021-06-2672 (Welfare Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Potassium Chloride 600mg Tablet				11.00	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*

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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).



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: _____

RFQ No.: **HBAC-A-2021-06-1069**

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

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: _____

RFQ No.: **HBAC-A-2021-06-1070**

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** _____ .

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



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: _____

RFQ No.: **HBAC-A-2021-06-1070**

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.: 2021-06-2672 (Welfare Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Salbutamol 100 mcg/dose x 200 doses metered dose inhaler				83.89	300 Pieces		

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: _____

RFQ No.: **HBAC-A-2021-06-1070**

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Signature over Printed Name

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Office Telephone/ Fax Number

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jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: _____

RFQ No.: **HBAC-A-2021-06-1071**

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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BIDS AND AWARDS COMMITTEE

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

jrrmmc_bacsec@yahoo.com

REQUEST FOR QUOTATION

Date: _____

RFQ No.: **HBAC-A-2021-06-1071**

INSTRUCTIONS:

1. Accomplish this RFQ correctly and accurately.
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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.: 2021-06-2672 (Welfare Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Sodium Bicarbonate 650mg tablet				1.00	1,000 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: _____

RFQ No.: **HBAC-A-2021-06-1072**

NAME OF COMPANY: _____

COMPANY ADDRESS: _____

TAX IDENTIFICATION NO.: _____

PHILGEPS REGISTRATION NO. (if applicable): _____

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



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REQUEST FOR QUOTATION

Date: _____

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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.: 2021-06-2672 (Welfare Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Zinc Oral: Chewable tablet, (equiv. to 10mg elemental zinc) (as gluconate) tablet				4.50	1,000 Tablets		

TERMS OF PAYMENT: *(Please check one)*

___ Terms/ Deferred Payment

___ Cheque upon Delivery (COD)

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