



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](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

Date: **17 August 2021**

RFQ No.: **HBAC-A2-2021-08-1457**

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 23 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](mailto:jrrmmc_bacsec@yahoo.com)**.

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



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**REQUEST FOR QUOTATION**

**Date: 17 August 2021**

**RFQ No.: HBAC-A2-2021-08-1457**

**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.:** 2021-08-3723 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Calcium Carbonate 500mg Chewable Tablet				4.00	300 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.
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: 17 August 2021**

**RFQ No.: HBAC-A2-2021-08-1457**

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.

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**Signature over Printed Name**

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**Position/ Designation**

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**Office Telephone/ Fax Number**

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**Email address/es**



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**REQUEST FOR QUOTATION**

Date: **17 August 2021**

RFQ No.: **HBAC-A2-2021-08-1458**

NAME OF COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

TAX IDENTIFICATION NO.: \_\_\_\_\_

PHILGEPS REGISTRATION NO. (if applicable): \_\_\_\_\_

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jrrmmc\_bacsec@yahoo.com

**REQUEST FOR QUOTATION**

**Date: 17 August 2021**

**RFQ No.: HBAC-A2-2021-08-1458**

**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.:** 2021-08-3723 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Enoxaparin Inj. 100mg/ml, 0.6ml pre-filled syringe (SC)				320.00	100 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: 17 August 2021**

**RFQ No.: HBAC-A2-2021-08-1458**

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.

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**Signature over Printed Name**

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**Position/ Designation**

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**Office Telephone/ Fax Number**

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**Email address/es**



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**REQUEST FOR QUOTATION**

Date: **17 August 2021**

RFQ No.: **HBAC-A2-2021-08-1459**

NAME OF COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

TAX IDENTIFICATION NO.: \_\_\_\_\_

PHILGEPS REGISTRATION NO. (if applicable): \_\_\_\_\_

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**REQUEST FOR QUOTATION**

**Date: 17 August 2021**

**RFQ No.: HBAC-A2-2021-08-1459**

**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.:** 2021-08-3723 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Omeprazole Inj.: 40mg/ml vial 10ml solvent ampule				25.85	2,760 Vials		

**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: 17 August 2021**

**RFQ No.: HBAC-A2-2021-08-1459**

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**

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**Position/ Designation**

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**Office Telephone/ Fax Number**

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**Email address/es**



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**REQUEST FOR QUOTATION**

Date: **17 August 2021**

RFQ No.: **HBAC-A2-2021-08-1460**

NAME OF COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

TAX IDENTIFICATION NO.: \_\_\_\_\_

PHILGEPS REGISTRATION NO. (if applicable): \_\_\_\_\_

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Chairman, HBAC-A2



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**REQUEST FOR QUOTATION**

**Date: 17 August 2021**

**RFQ No.: HBAC-A2-2021-08-1460**

**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.:** 2021-08-3723 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Potassium Oral: 750mg durules (as chloride)				11.63	700 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.
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**REQUEST FOR QUOTATION**

**Date: 17 August 2021**

**RFQ No.: HBAC-A2-2021-08-1460**

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**Signature over Printed Name**

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**Position/ Designation**

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**Office Telephone/ Fax Number**

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**Email address/es**



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**REQUEST FOR QUOTATION**

Date: **17 August 2021**

RFQ No.: **HBAC-A2-2021-08-1461**

NAME OF COMPANY: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

TAX IDENTIFICATION NO.: \_\_\_\_\_

PHILGEPS REGISTRATION NO. (if applicable): \_\_\_\_\_

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Chairman, HBAC-A2



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**REQUEST FOR QUOTATION**

**Date: 17 August 2021**

**RFQ No.: HBAC-A2-2021-08-1461**

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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.:** 2021-08-3723 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
Zinc Sulfate 20mg elemental zinc /5ml syrup, 60ml				40.00	20 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.
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**REQUEST FOR QUOTATION**

**Date: 17 August 2021**

**RFQ No.: HBAC-A2-2021-08-1461**

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