



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: 24 September 2024
RFQ No.: CBACS-2024-09-2747
PR No.: 2024-09-5899
Public Health Unit

NAME OF COMPANY: _____
COMPANY ADDRESS: _____
TAX IDENTIFICATION NO.: _____
PHILGEPS REGISTRATION NO. (if applicable): _____

Jose R. Reyes Memorial Medical Center, through its Committee on Bids and Awards for Contractual Services (CBACS), intends to procure **One Hundred Fifty (150) pieces Breast Cancer IEC Flyers** 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 **1:00 PM on 30 September 2024**.

DOCUMENT	REMARKS
Mayor's Permit	Note: FOR NEW SUPPLIERS <ul style="list-style-type: none">Must be submitted with the RFQ.Must be updated.Expired Documents will not be accepted.
Proof of Philgeps Registration	

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 bacsec@jrrmmc.gov.ph.

-SGD-
RUFINO T. AGUDERA, MD, FPUA
Chairperson, CBACS

INSTRUCTIONS:

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



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

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

Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	QTY	ABC/UNIT	BID OFFER/ UNIT	TOTAL
Breast Cancer IEC Flyers (Colored with at least A4 size and 3 folds) Please see attached preferred sample				150 pieces	20.00		

TERMS OF PAYMENT:

(Please check one)

Terms/ Deferred Payment

Cheque upon Delivery/Pick-Up

Note: No Clearing time before the delivery

DELIVERY PERIOD: As Called For

**JOSE R. REYES MEMORIAL MEDICAL CENTER
HOSPITAL BIDS AND AWARDS COMMITTEE (CBACS)**

Chairman: Dr. RUFINO T. AGUDERA _____

Vice-Chairman: Ms. ROSEMARIE MONTENEGRO-SALIBA _____

Members: Mr. JOHN PAUL MICHAEL GUBATON _____

Ms. ARACELI DARIA SAGARIO-ABAD _____

Mr. RONALD CAMASIS _____

Alternate Member: _____

PR No.: 2024-09-5899 PHU

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 Name

Office Telephone/Fax Number

Position / Designation

Email address/es