

jrrmmc\_bacsec@yahoo.com

# **REQUEST FOR QUOTATION**

Date: 08 October 2024 RFQ No.: <u>HBAC-A-2024-10-2964</u>

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 <u>Strip, gluco test</u> in accordance with section <u>53.9</u> 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**<u>15 October 2024</u>.

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*.

## ~Original Signed~ MELITO ANTONIO P. RAMOS, MD 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.:** 2024-09-6131 (ENT-HNS)

Technical Specifications (ITEM DESCRIPTION)	Brand / Model / Country of Origin (if applicable)	QTY	ABC/UNIT	BID OFFER/ UNIT	TOTAL
Strip, Gluco test individually pack with lancet, with provision of 50 glucometer (to be issued on first delivery)		20,000 pieces	10.00		

#### **TERMS OF PAYMENT:**

Terms/ Deferred Payment

**DELIVERY PERIOD:** As called for

Chairperson: Dr. Melito Antonio P. Ramos
Vice-Chairperson: Dr. Cynthia Verzosa
Members:
Ms. Geraldine Mendoza – Fernandez
Ms. Amita Tiquis – Templo
Dr. Ryan Rainier Siscar



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

# **REQUEST FOR QUOTATION**

# **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).
- 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