



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: 11 May 2023
RFQ No.: HBAC-B-2023-05-1026
RECANVASS
PR No.: 2023-03-2750 EFMD

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 **One (1) piece Portable electric air blower, gun type 700W/230V/1phase/60Hz** 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 **03 May 2023**.

Document	Deadline	Remarks
<i>Mayor's Permit</i>	Must be submitted with the RFQ	FOR NEW INTERESTED SUPPLIERS
<i>BIR Form 2303</i>		

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~
JOSELITO C. RODRIGUEZ, DMD
Chairperson, HBAC

CHEL/gen



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

RFQ No.: HBAC-B-2023-05-1026

RECANVASS

PR No.: 2023-03-2750 EFMD

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

ITEM NO.	Technical Specifications (ITEM DESCRIPTION)	Y	N	Remarks	ABC/UNIT	QTY	BID OFFER/ UNIT	TOTAL
14	Portable electric air blower, gun type 700W/230V/1phase/60Hz				5,060.00	1 piece		

**JOSE R. REYES MEMORIAL MEDICAL CENTER
HOSPITAL BIDS AND AWARDS COMMITTEE (HBAC)-B**

Chairman: Dr. JOSELITO C. RODRIGUEZ _____

Vice-Chairman: Mrs. LIRIO C. PALOMAR _____

Members: Mrs. ROSERINE E. ALBANIA _____

Ms. CHRISTAL KAYE Q. DE VERA _____

Mr. JONAS ALEXIS D. SANTOS _____

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 UPON RECEIPT OF PURCHASE ORDER

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