



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: **18 May 2023**

RFQ No.: **HBAC-A2-2023-05-1107**

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 53.9 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 25 May 2023**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	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).

  
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**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.

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

PR. No.: 2023-05-4017 (Geriatric Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Eperisone 50mg tablet				38.00	200 tablets		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

**Note:** No Clearing time before the delivery

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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

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**REQUEST FOR QUOTATION**

**Date: 18 May 2023**

**RFQ No.: HBAC-A2-2023-05-1107**

**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.
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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jrrmmc\_bacsec@yahoo.com

**REQUEST FOR QUOTATION**

Date: **18 May 2023**

RFQ No.: **HBAC-A2-2023-05-1106**

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

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

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

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

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*[Signature]*  
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

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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.: 2023-05-4018** (Geriatric Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Donepezil 5mg tablet				17.00	600 tablets		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

**Note:** No Clearing time before the delivery

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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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: 18 May 2023**

**RFQ No.: HBAC-A2-2023-05-1106**

**TERMS AND CONDITIONS:**

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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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jrrmmc\_bacsec@yahoo.com

**REQUEST FOR QUOTATION**

Date: **18 May 2023**

RFQ No.: **HBAC-A2-2023-05-1100**

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

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

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

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

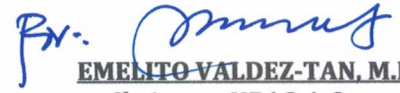

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By:   
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2 

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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.: 2023-04-3814 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Tropicamide + Phenylephrine eye drops solution 5mg + 5mg/ml, 10ml				489.84	60 bottles		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

**Note: No Clearing time before the delivery**

**DELIVERY PERIOD: AS CALLED FOR**

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**REQUEST FOR QUOTATION**

**Date: 18 May 2023**

**RFQ No.: HBAC-A2-2023-05-1100**

**TERMS AND CONDITIONS:**

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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: **18 May 2023**

RFQ No.: **HBAC-A2-2023-05-1099**

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

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

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

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


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**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

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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.: 2023-04-3815 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Proxymetacaine (Proparacaine) eye drops solution, 0.5%, 5ml				175.00	60 bottles		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

**Note:** No Clearing time before the delivery

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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Department of Health  
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[jrrmmc\\_bacsec@yahoo.com](mailto:jrrmmc_bacsec@yahoo.com)

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**REQUEST FOR QUOTATION**

**Date: 18 May 2023**

**RFQ No.: HBAC-A2-2023-05-1099**

**TERMS AND CONDITIONS:**

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**Signature over Printed Name**

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**Position/ Designation**

---

**Office Telephone/ Fax Number**

---

**Email address/es**





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: **18 May 2023**

RFQ No.: **HBAC-A2-2023-05-1096**

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

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

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

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


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*For:*   
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2 *5/18*

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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.:** 2023-04-3838 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Amoxicillin (as trihydrate) Oral: 100mg/ml granules/powder for drops (suspension), 15ml				50.00	40 bottles		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

**Note:** No Clearing time before the delivery

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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

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

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**REQUEST FOR QUOTATION**

**Date: 18 May 2023**

**RFQ No.: HBAC-A2-2023-05-1096**

**TERMS AND CONDITIONS:**

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---

**Signature over Printed Name**

---

**Position/ Designation**

---

**Office Telephone/ Fax Number**

---

**Email address/es**



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: 18 May 2023**

**RFQ No.: HBAC-A2-2023-05-1094**

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

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

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

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

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**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

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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.: 2023-04-3835 (Pharmacy)**

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Escitalopram (as oxalate) Oral: 10mg tablet				198.00	100 tablets		

**TERMS OF PAYMENT:** *(Please check one)*

Terms/ Deferred Payment

Cheque upon Delivery (COD)

**Note: No Clearing time before the delivery**

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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Department of Health  
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**REQUEST FOR QUOTATION**

**Date: 18 May 2023**

**RFQ No.: HBAC-A2-2023-05-1094**

**TERMS AND CONDITIONS:**

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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

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**Email address/es**



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[jrrmmc\\_bacsec@yahoo.com](mailto:jrrmmc_bacsec@yahoo.com)

**REQUEST FOR QUOTATION**

Date: **17 May 2023**

RFQ No.: **HBAC-A2-2023-05-1084**

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

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❖ Certificate of Product Registration (CPR)	To be submitted together with this RFQ	

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**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

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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.: 2023-03-2449 (Pharmacy) **2<sup>nd</sup> canvass**

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Biperiden 2mg tablet (as hydrochloride)				5.48	100 tablets		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

**Note: No Clearing time before the delivery**

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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 May 2023**

**RFQ No.: HBAC-A2-2023-05-1084**

**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.
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**



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: **15 May 2023**

RFQ No.: **HBAC-A2-2023-05-1068**

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 53.9 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 23 May 2023**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	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).

*Emelito Valdez-Tan*  
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**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.

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

PR. No.: 2023-04-3857 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Atropine Sulfate Eye drops: 1%, 5mL				335.50	50 bottles		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

**Note:** No Clearing time before the delivery

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 15 May 2023**

**RFQ No.: HBAC-A2-2023-05-1068**

**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.
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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**





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: **15 May 2023**

RFQ No.: **HBAC-A2-2023-05-1064**

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 53.9 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 23 May 2023**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	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).

  
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**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.

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

PR. No.: 2023-04-3856 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Tropicamide eye drops solution, 0.5%, 5ml				521.47	50 bottles		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

**Note:** No Clearing time before the delivery

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 15 May 2023**

**RFQ No.: HBAC-A2-2023-05-1064**

**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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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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: **15 May 2023**

RFQ No.: **HBAC-A2-2023-05-1065**

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 53.9 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 23 May 2023**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	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).

**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**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.

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

PR. No.: 2023-04-3855 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Phenylephrine eye drops, 2.5% 5ml				500.00	20 bottles		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

*Note: No Clearing time before the delivery*

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 15 May 2023**

**RFQ No.: HBAC-A2-2023-05-1065**

**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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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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: **15 May 2023**

RFQ No.: **HBAC-A2-2023-05-1062**

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 53.9 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 23 May 2023**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	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**.

*[Signature]*  
**ELEMENTO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**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.

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

PR. No.: 2023-04-3850 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Somatostatin Inj. 3mg IV, IV Infusion				4,630.90	40 ampules/ vials		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

**Note:** No Clearing time before the delivery

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 15 May 2023**

**RFQ No.: HBAC-A2-2023-05-1062**

**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.
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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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: **15 May 2023**

RFQ No.: **HBAC-A2-2023-05-1061**

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 53.9 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 23 May 2023**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	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).

For:   
**EMENTIO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**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.

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

PR. No.: 2023-04-3851 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Somatostatin Inj. 250mcg IV, IV Infusion				719.80	40 ampules/ vials		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

**Note:** No Clearing time before the delivery

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 15 May 2023**

**RFQ No.: HBAC-A2-2023-05-1061**

**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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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**





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: **9 May 2023**

RFQ No.: **HBAC-A2-2023-05-1009**

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

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

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

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

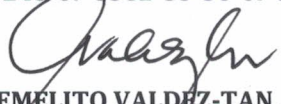
**Jose R. Reyes Memorial Medical Center**, through its Hospital Bids and Awards Committee (HBAC), intends to procure Drugs and Medicine in accordance with section 53.9 of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

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 16 May 2023**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	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).

  
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2 *05/09*

**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.

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

PR. No.: 2023-04-3534 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Acetazolamide Oral: 250mg tablet				14.93	600 tablets		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

**Note:** No Clearing time before the delivery

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 9 May 2023**

**RFQ No.: HBAC-A2-2023-05-1009**

**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.
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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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: **3 May 2023**

RFQ No.: **HBAC-A2-2023-05-0960**

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 53.9 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 9 May 2023**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ <i>Certificate of Product Registration (CPR)</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).

*For: [Signature]*  
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**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.

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

**PR. No.:** 2023-04-3506 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Ferrous Sulfate Oral: equivalent to 60mg elemental iron tablet (in blister pack)				2.50	2000 tablets		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

**Note:** No Clearing time before the delivery

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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)

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**REQUEST FOR QUOTATION**

**Date: 3 May 2023**

**RFQ No.: HBAC-A2-2023-05-0960**

**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.
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**



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: **3 May 2023**

RFQ No.: **HBAC-A2-2023-05-0959**

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 53.9 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 9 May 2023**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	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).

For:   
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**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.

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

PR. No.: 2023-04-3505 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Ferrous Salt + Folic Acid Oral: 60mg elemental Iron + 400mcg Folic Acid Tablet				0.91	1000 tablets		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

*Note: No Clearing time before the delivery*

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 3 May 2023**

**RFQ No.: HBAC-A2-2023-05-0959**

**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.
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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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: **3 May 2023**

RFQ No.: **HBAC-A2-2023-05-0958**

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 53.9 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 9 May 2023**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	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).

for:   
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**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.: 2023-04-3504 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Famotidine 20 mg powder Injection vial				133.96	20 vials		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

*Note: No Clearing time before the delivery*

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 3 May 2023**

**RFQ No.: HBAC-A2-2023-05-0958**

**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.
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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.

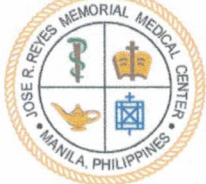
\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**





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: **3 May 2023**

RFQ No.: **HBAC-A2-2023-05-0955**

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 53.9 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 9 May 2023**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	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).

FM:   
**E MELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2 *5/4*

**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.

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

PR. No.: 2023-04-3314 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Hydroxyurea 500 mg capsule				24.00	200 capsules		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

**Note:** No Clearing time before the delivery

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 3 May 2023**

**RFQ No.: HBAC-A2-2023-05-0955**

**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.
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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**



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: **27 April 2023**

RFQ No.: **HBAC-A2-2023-04-0927**

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 53.9 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 4 May 2023**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	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).

*Emelito Valdez-Tan*  
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**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.: 2023-04-3290 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Diazepam Inj.: 5mg/ml, 2ml ampule IM,IV				138.22	200 ampules		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

*Note: No Clearing time before the delivery*

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 27 April 2023**

**RFQ No.: HBAC-A2-2023-04-0927**

**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.
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6. The item/s shall be delivered according to the requirements specified in the Technical Specifications.
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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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: **27 April 2023**

RFQ No.: **HBAC-A2-2023-04-0926**

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 53.9 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 4 May 2023**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	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).

*Emelito Valdez-Tan*  
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**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.

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

PR. No.: 2023-04-3291 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Glyceryl Trinitrate (nitroglycerin) Inj.: 1mg/ml, 10ml ampule				436.80	10 ampules		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

*Note: No Clearing time before the delivery*

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 27 April 2023**

**RFQ No.: HBAC-A2-2023-04-0926**

**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.
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6. The item/s shall be delivered according to the requirements specified in the Technical Specifications.
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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**



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: **26 April 2023**

RFQ No.: **HBAC-A2-2023-04-0915**

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 53.9 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 2 May 2023**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	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**.

*Emelito Valdez-Tan*  
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2  
*4/26*

**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.

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

PR. No.: 2023-04-3121 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Alfuzosin (as hydrochloride) Oral: 10mg tablet				63.50	100 tablets		

TERMS OF PAYMENT: (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

**Note: No Clearing time before the delivery**

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 26 April 2023**

**RFQ No.: HBAC-A2-2023-04-0915**

**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.
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**





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: **18 April 2023**

RFQ No.: **HBAC-A2-2023-04-0868**

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

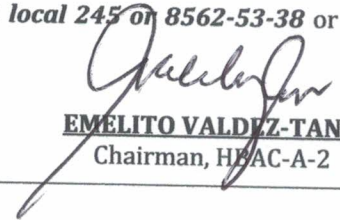
Jose R. Reyes Memorial Medical Center, through its Hospital Bids and Awards Committee (HBAC), intends to procure Drugs and Medicine in accordance with section 53.9 of the 2016 Revised Implementing Rules and Regulations of the Republic Act No. 9184.

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 25 April 2023**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	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).

  
**EMELITO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**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.

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

PR. No.: 2023-03-2586 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Sodium Valproate + Valproic Acid 500mg tablet Oral: 500mg (333mg sodium valproate + 145mg valproic acid) controlled release tablet				14.27	200 tablets		

**TERMS OF PAYMENT:** (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

**Note:** No Clearing time before the delivery

**DELIVERY PERIOD: AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 18 April 2023**

**RFQ No.: HBAC-A2-2023-04-0868**

**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.
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**



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: **20 April 2023**

RFQ No.: **HBAC-A2-2023-04-0890**

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 53.9 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 27 April 2023**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	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).

**EMELITO VALDEZ-TAN, M.D.**  
 Chairman, HBAC-A-2

**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.

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

PR. No.: 2023-03-2929 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Carbetocin 100mcg/mL, 1ml				1,320.00	40 ampules/ vials		

TERMS OF PAYMENT: (Please check one)

- Terms/ Deferred Payment  
 Cheque upon Delivery (COD)  
*Note: No Clearing time before the delivery*

DELIVERY PERIOD: **AS CALLED FOR**

**NOTE: MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 20 April 2023**

**RFQ No.: HBAC-A2-2023-04-0890**

**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.
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**



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: **4 April 2023**

RFQ No.: **HBAC-A2-2023-04-0805**

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 53.9 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 13 April 2023**.

The following documents are likewise required to be submitted on the specified deadlines:

Document	Deadline	Remarks
❖ Certificate of Product Registration (CPR)	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).

*[Signature]*  
**ELEMENTO VALDEZ-TAN, M.D.**  
Chairman, HBAC-A-2

**INSTRUCTIONS:**

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- 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.

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

PR. No.: 2023-03-2451 (Pharmacy)

Technical Specifications (ITEM DESCRIPTION)	VAT - EXEMPT		Remarks	ABC/UNIT	QTTY	BID OFFER/ UNIT	TOTAL
	Y	N					
Donepezil Oral: 5mg tablet				17.00	100 tablets		

TERMS OF PAYMENT: (Please check one)

Terms/ Deferred Payment

Cheque upon Delivery (COD)

Note: No Clearing time before the delivery

DELIVERY PERIOD: **AS CALLED FOR**

NOTE: **MUST HAVE AVAILABLE STOCKS WITHIN SEVEN (7) DAYS AFTER RECEIPT OF PURCHASE ORDER**



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: 4 April 2023**

**RFQ No.: HBAC-A2-2023-04-0805**

**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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\_\_\_\_\_  
**Signature over Printed Name**

\_\_\_\_\_  
**Position/ Designation**

\_\_\_\_\_  
**Office Telephone/ Fax Number**

\_\_\_\_\_  
**Email address/es**