



Republic of the Philippines
 Department of Health
 BAGUIO GENERAL HOSPITAL AND MEDICAL CENTER
 Baguio City

CONSIGNMENT OFFER

Form No.:	MCC-CONC-004
Revision No.:	∅
Effectivity Date:	August 13, 2018

Name of Consignor: _____

Address: _____

Contact No.: _____

Dear Sir/Madam:

In connection with the Invitation to Consign No.: 2018-01 scheduled on August 23, 2018 for the Consignment of Various Drugs and Medicines, I/We in conformity with the specification/s hereunder intend to consign the following:

Item No.	ITEMS (Generic Name for drugs and Medicine)	Description (Complete Specifications) Strength/ Preparation (if applicable)	Unit of Issue	Batch No./ Lot No.	Manufacturing Date	Expiration Date	Sub-Packing Unit	Unit Price (amount in figures and words)
Total Cost:								

Name of Company/Consignor: _____

 Name of Authorized Representative

 Signature over Printed Name

Date: _____