



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 scheduled on _____ 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)	Unit	Description (Complete Specifications) Strength/ Preparation (if application)	Batch No/Lot No	Manufacturing Date	Expiration Date	Sub-Packing Unit	Quantity	Unit of Issue	Unit Price (amount in figures and words)	Total Price (amount in figures and words)
Total Cost:											

Name of Company/Consignor: _____

 Name of Authorized Representative
 Signature Over Printed Name

Date: _____