



Republic of the Philippines  
Department of Health  
**Baguio General Hospital and Medical Center**  
Baguio City

Procurement Management Office  
**REQUEST FOR QUOTATION**

Form No. : HS- PS - 007  
Revision No. : 1  
Effectivity Date : December 1, 2015

Company Name: \_\_\_\_\_

Date Prepared: **August 24, 2020**

Requisition NO.: **2020-08-1973**

R.F.Q. NO.: **2020-08-0110**

Gentlemen:

Please quote your least price most advantageous to the Government for the following item and/or items for immediate delivery upon notice.

*Please indicate the brand and manufacturer of the item being offered.*

Item No.	QTY	UNIT	ARTICLES AND DESCRIPTION	Approved Budget for the Contract per unit / piece	Brand Name Specification Manufacturer	Price	
						Unit Cost	Total Cost
1	10,000	pack	Gauze pad, 4 x 8 x 8 ply, 28 x 24 mesh, sterile, pack of 5	₱ 30.00			

For CSR Use

**Note:** This Request for Quotation be submitted by the canvasser at the **BGHMC BAC Office sealed** on or before

Requested by:

**FELICIDAD F. ATOS, MPA**

SAO, Procurement Management Office

This is to certify that I personally distributed the Request for Price Quotation and that the entries herein provided are true and correct of my own personal knowledge and belief, under pain of action for falsification / Perjury.

Canvasser

email: bghmcprocurement@gmail.com

Cherrybelle L. Gawidan  
RPh, MPA  
License No. 0030956

BAC Member

This is to certify that I / We personally received the Request for Price Quotation and that the entries herein provided are true and correct of my own personal knowledge and belief.

Supplier  
(Signature Over Printed Name)

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_