



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 28, 2020**

Requisition NO.: **2020-08-2000**

R.F.Q. NO.: **2020-08-0139**

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	1,400	kilogram	chicken, whole, fresh chilled + 12 kgs water allowance	₱ 170.00			

\*All items shall be FOR DELIVERY only at BGHMC. Nutrition and Dietetics Department.

\*Delivery time shall be at 8:30am – 9:30am only on the requested date of delivery.

\*Delivery shall be in staggered condition, depending on the actual needs of the end user.

Schedule of Delivery are as follows:

November 3, 2020 - 175.0 kgs

November 6, 2020 - 175.0 kgs

November 9, 2020 - 175.0 kgs

November 13, 2020 - 175.0 kgs

November 16, 2020 - 175.0 kgs

November 20, 2020 - 175.0 kgs

November 23, 2020 - 175.0 kgs

November 27, 2020 - 175.0 kgs + 12 kgs water allowance = 187.00 kgs

\*Payment shall be charged to the hospital and not on cash-on-delivery (COD) basis.

\*Processing of payment shall be after the completion of the Purchased Order and shall be collected by the supplier at BGHMC, Cashier's Office.

Food supplies for November 1-30, 2020

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

9/15/2020 *Jr*

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

*Lani Teresita L. Ramos, RN*  
License No. 0124881

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: \_\_\_\_\_