



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: **September 04, 2020**

Requisition NO.: **2020-09-2017**

R.F.Q. NO.: **2020-09-0017**

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	piece	Sinuscope 2.7mm, 0 deg, 175mm	₱ 30,000.00			
2	1	piece	Sinuscope 4mm, 0 deg, 175mm	₱ 25,000.00			
3	1	piece	Sinuscope 2.7mm, 30deg, 175mm	₱ 30,000.00			
4	1	piece	Sinuscope 4mm, 30deg, 175mm	₱ 25,000.00			
5	1	piece	Sinuscope 4mm, 70 deg, 175mm	₱ 28,000.00			
6	1	piece	Laryngoscope 6mm, 70deg, 175mm	₱ 32,000.00			
7	1	piece	Otoscope 2.7mm, 0 deg, 50mm	₱ 30,000.00			
8	1	piece	Otoscope 2.7mm 0 deg, 100mm	₱ 30,000.00			

For ORL - HNS Use

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

*9/14/2020*

Requested by:

*F. Atos*  
**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.

*[Signature]*  
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: \_\_\_\_\_

Canvasser

email: bghmcprocurement@gmail.com