



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

MOP: Shopping

Procurement Management Office  
**REQUEST FOR QUOTATION**

Form No. : HS- PS - 007  
Revision No. : 2  
Effectivity Date : September 3, 2020

Company Name: \_\_\_\_\_ Date: **November 26, 2020**  
Address: \_\_\_\_\_ PR No.: **2020-11-2640**  
Contact Number: \_\_\_\_\_ RFQ No.: **2020-11-0240**  
Email Address: \_\_\_\_\_ End User: \_\_\_\_\_

Sir/Madam:

Please quote your lowest government price for each of the following item(s) specified below. Submit your quotations, open or sealed, at the Procurement Management office or thru **email at pmo@bghmc.doh.gov.ph**, not later than **DEC 01 2020**. Quotations received through email other than the email address provided **shall not be accepted**.

Terms and Conditions:

1. The RFQ must be fully accomplished. Put 'N/A' to item/s that is not available.
2. Quotations shall be inclusive of applicable taxes and other indirect costs, those exceeding the Approved Budget for the Contract (ABC) shall be automatically disqualified.
3. BAC reserves the right to reject any or all Quotations, to waive any minor defects therein, to annul the procurement process, to reject all Quotations at any time prior to the contract award, without thereby incurring any liability to the affected Bidder(s), and to accept only the offer that is most advantageous to the Government.
4. **All quotations for drugs and medicines shall be accompanied by a valid Certificate of Product Registration (Non- submission shall result to supplier's POST-DISQUALIFICATION)**
5. Delivery Schedule: \_\_\_\_\_
6. Goods must be delivered at the Materials Management Office of BGHMC.

**Additional Requirements (For new suppliers, to be submitted together with the quotation). – These requirements shall likewise be submitted by all suppliers on the 1st month of the following year.**

Valid Business Permit/ Mayors Permit	DTI/SEC Registration Certificate
Certificate of PhilGEPS Registration	Valid BIR Registration
Omnibus Sworn Statement (using the Prescribed Form)	BIR Form 2303

Truly yours,

*F. Atos*  
FELICIDAD F. ATOS, MPA

Head, Procurement Management Office

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Sir/Madam:

After having carefully read and accepted the terms and conditions stipulated in the Request for Quotation (RFQ), hereunder is our financial proposal inclusive of VAT and other incidental costs for the subject procurement identified below:

Item No.	Qty	Unit	Item Description	ABC / unit	Complete Specification Offered Brand Name/Model	PRICE OFFCER	
						Unit Price	Total Bid Offer
1	270	tray	Medium Eggs, fresh, orange yolk	200.00			
2	270	tray	Small Eggs, fresh, orange yolk	190.00			

**\*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.**

**Schedule Of Delivery:**

**December 4, 2020 - 30 Trays Medium Eggs, 30 Trays Small Eggs**

**December 7, 2020 - 30 Trays Medium Eggs, 30 Trays Small Eggs**

**December 11, 2020 - 30 Trays Medium Eggs, 30 Trays Small Eggs**

**December 14, 2020 - 30 Trays Medium Eggs, 30 Trays Small Eggs**

**December 18, 2020 - 30 Trays Medium Eggs, 30 Trays Small Eggs**

**December 21, 2020 - 30 Trays Medium Eggs, 30 Trays Small Eggs**

**December 24, 2020 - 30 Trays Medium Eggs, 30 Trays Small Eggs**

**December 28, 2020 - 60 Trays Medium Eggs, 60 Trays Small Eggs**

**\*Delivery Shall Be In Staggered Condition, Depending On The Actual Needs Of The End User.**

**\*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 December 1-31, 2020**

We undertake, if our Quotation or bid is accepted, to accomplish the procurement project within the delivery schedule stipulated in the Purchase Order (PO).

Name of Representative: \_\_\_\_\_

Date: \_\_\_\_\_

RFQ No.: **2020-11-0240** 1606365267