

Department of Health Central Luzon Center for Health Development

MARIVELES MENTAL WELLNESS AND GENERAL HOSPITAL





Contact No: 09688545320 Email: procurement@mmwgh.gov.ph; procurement.mmwgh@gmail.com; Website: mmwgh.gov.ph

REQUEST FOR QUOTATION

Date:	May 22, 2023	
PR No.:	2023-05-0325 (PHA)	

A. Business Name: Address: Contact No./ Email: TIN:			
В.			
Sir/ Madam:			
		wards Committee invites all eligible and PhilGEPS-registered suppliers, contractors ms and Conditions and/or Technical Specifications and within the Approved Budge	
Required Documents/ Information to be subr	nitted as attachments to the quotation	n/ Proposal	
 PhilGEPS Registration Number/ Certificate 	 Tax Clear 	ance	
 Mayor's/ Business Permit 	 Sample In 	nvoice/ O.R./ C.R.	
DTI/ SEC Certificate	Omnibus	Sworn Statement (for ABCs above 50K; for winning bidder only)	
BIR Form 2303	Income/ B	Business tax Return (for ABCs above 500K)	
This pro-forma quotation maybe submitted throu or procurement.mmwgh@gmail.com on or befor 1 All entries shall be typed or written in a clear	26-May-2023	AC Secretariat at above address or email to procurement@mmwgh.gov.ph, 5PM subject to the following Terms and Conditions:	
2 All prices offered herein are valid, binding ar	d effective for THIRTY (30) calendar day oine Peso shall include all applicable gov	ys upon issuance of this document. Alternative bids shall be rejected. vernment taxes subject to (BIR 2307) 5% VAT/ 1% Non-VAT and (BIR 2307)	
4 MMWGH may require you to submit addition	al documents that will prove your legal, f	financial and technical capability to undertake this contract	
5 Salient provisions of the Revised IRR (RIRR Penalties shall be observed	of Republic Act (RA) 9184: Section 68	- Liquidated Damages and Section 69 - Imposition of Administrative	
6 MMWGH reserves the right to reject any an	d all quotations, declare a failure, or not	award the contract pursuant to Section 41 of the same RIRR	
7 In case of tie quotations, the BAC shall adop with GPPB Circular 06-2005	t and employ "toss coin" as the tie-break	king method to finally determine the single winning provider in accordance	
8 In case supplier's pro forma quotation is sub	nitted, conditions will be governed by the	e submitted signed Request for Quotation/Proposal and/or Technical Specification	is
	7	urchase Order (PO) or within the working days indicated in the PO.	
10 Payment terms: Fifteen (15) working days	pon completion of delivery		
Very Truly Yours			
VINCENT A. ISIP, MPA			
Chief Administrative Officer			
D.			
The second secon	and the same and t	(to be filled up by the supplier)	

Item No. QTY	OTV	LI-14	400	T 1 10 C C C C C	(to be filled up by the supplier)			
	Unit	ABC	Technical Specfications/ Description	Brand/ Model	Unit Price	Total Amount		
	500	p. syringe	277,500.00	Epoetin Alfa				
				(recombinant human erythropoietin)				
				400iu/0.4ml				
				Nothing Follows			(*	
						Total Amount in		
						Figures		
						Total Amount in		
						Words		
		_ Total:	277,500.00					

Note:	Incomplete	description	of item/s	will invalidate	your quotations.

RFQ served by:

KRISTINE ANN C. AVELINO
Canvasser

Printed Name/Signature of Bidder



PURCHASE REQUEST

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Entity Name:	MARIVELES	MENTAL WELLNESS AND GENERAL HOSPITAL		Fund Clust	ter: 0)	
Office/Section: PHARMACY		PR No.: 2023-05-03-25 Responsibility Center Code: MED-PHA		Date: 15 May 2023		
Stock/ Property No.	Unit	Item Description	Quantity	Unit Cost	Total Cost	
	prefilled syringe	Epoetin Alfa (recombinant human erythropoietin) 4000iu/0.4ml (PHA-M-173)	500	555.00	277,500.00	
249						
		-				
		FUNDS AVAILABLE				
		LAARNI DO MAGLAQUI, MBA SAO - Budget Unit				
		SAOF Buuget Offit				
MOF						
0.77	t ⁱ				277,500.00	
Purpose:	Replenishmo	ent of Pharmacy stocks			277,500.00	
Signature:		uested by: Approved by:	S.	Joy.		
Printed Name Designation:	-	CED Y. ARADO,RPh,MPA MARIA LOURDE Pharmacist V Medical Center		ISTA,MD,FPPA	<u>.</u>	