

**JOSE R. REYES MEMORIAL MEDICAL CENTER**

Rizal Avenue, Sta. Cruz, Manila

BAC SECRETARIAT**SEALED BID**SEALED BID NO.: HBAC-A2-2021-04-547

DATE: _____

Gentlemen:

Please quote your price for item/s indicated below. Price quoted is final, and without condition and inclusive of all taxes. Bid Proposal should be submitted in sealed envelope, properly labelled, indicating the date and Sealed Bid No., not later than _____ on

_____ at the BAC Secretariat Office and thereafter publicly opened. Any change/erasure must be duly initialed otherwise, the bid shall be disqualified. Attendance of authorized representative is not mandatory on bid opening. In accordance with Section 53.2 of the Revised Implementing Rules and Regulation of the Republic Act 9184.

THE COMMITTEE RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS, DECLARE A FAILURE OF BIDDING AT ANY TIME PRIOR TO THE CONTRACT AWARD, OR NOT TO AWARD THE CONTRACT, WITHOUT THEREBY INCURRING ANY LIABILITY, AND MAKE NO ASSURANCE THAT A CONTRACT SHALL BE ENTERED INTO AS A RESULT OF THE BIDDING.

Fr: 
EMELITO VALDEZ-TAN, M.D.
Chairman, HBAC-A-2

PR No.: 2021-03-1486 (Pharmacy)

Qty.	Unit	Description/Particulars	ABC / Unit	Unit Price	Total Price
200	Vials	Tocilizumab 400mg vial	23,051.22		

Please check Mode of Payment:

___ 1. Terms

Name of Company_____
Address/TIN No.**No Clearing time before Deliver**

Authorized signature over printed name/ Tel No.:

NOTE: Signing for this request for quotation, is conforming to our payment terms you check**MAXIMUM DELIVERY PERIOD; WITHIN 7 WORKING DAYS UPON RECEIPT OF PURCHASE ORDER
HOSPITAL BIDS AND AWARDS COMMITTEE FOR SUPPLIES, MATERIALS & EQUIPMENT**

Chairman
Vice-Chairman
Member
Member
Member
Inspector/Internal Audit
COA Representative
Provisional End-User/Member

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EMELITO VALDEZ-TAN, M.D.
Chairman, HBAC-A-2

PR No.: 2021-03-1485 (Pharmacy)

Qty.	Unit	Description/Particulars	ABC / Unit	Unit Price	Total Price
100	Vials	Tocilizumab 400mg vial	23,051.22		

Please check Mode of Payment:

___ 1. Terms

Name of Company_____
Address/TIN No.**No Clearing time before Deliver**_____
Authorized signature over printed name/ Tel No.:**NOTE: Signing for this request for quotation, is conforming to our payment terms you check****MAXIMUM DELIVERY PERIOD; WITHIN 7 WORKING DAYS UPON RECEIPT OF PURCHASE ORDER
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