Republic of the Philippines
Department of Health, Center for Health Development (CHD) IV-CALABARZON
BATANGAS MEDICAL CENTER
Batangas City
ISO 9001:2015 CERTIFIED

CANVASS PROPOSAL

Name of Company _____

Address _____

CP Ref no. 2021-0111
PR Ref no. 21-04-0248
Date April 19, 2021

Please quote your lowest price on the item/s listed below. Subject to the general condition of the Bids and Awards Committee stating the shortest time of delivery and submit your quotation duly signed by your representative not later than April 23, 2021

Respectfully yours,

RAMONCITO C. MAGNAYE MD,FPCS,MHA
Medical Center Chief II

Terms and Conditions:

1. *As a government agency, BatMC shall deal only with legitimate supplier/contractor.*
2. *Price quotation/s to be denominated in Philippine Peso shall include all taxes, duties and/or levies payable.*
3. *All quotations shall be firm and valid for a period of atleast 90 days from the date of the receipt of quotations.*
4. *BatMC reserves the right to post qualify any supplier and/or to reject any or all submitted quotation.*
5. *PO/Contract shall be awarded to the lowest evaluated responsive bid, delivered items are subject to inspection, with payment processing to commence only after the acceptance by the Material Management Section.*
6. *Date of Delivery: 10 calendar days days upon receipt of Purchase Order*
7. *Payment Term: 30 days upon complete delivery*

Additional Requirements for Submission:

Business Permit / Mayor's permit
DTI / SEC Registration Certificate
Certificate of Philgeps Registration and Membership
Bureau of Internal Revenue(BIR) Registration
Certificate of Product Registration / CGMP (if applicable)

Qty.	UNIT	ARTICLES AND DESCRIPTION	ABC/UNIT Amount	UNIT COST (PhP)	TOTAL COST (PhP)
100	pcs.	**DVD Rewritable with case**	30.00		
		(4.7 GB) DVD + RW			
		Suppliers to include the following details in their offer:			
		Brand and Model:			
		Delivery period:			
		Payment Term:			
		Price validity:			
		Warranty:			

This is to certify that I have actually conducted the canvass and the date herein indicated are true and correct.

_____
Canvasser

_____
Signature Over Printed Name

_____
Telephone/Contact No.