

Mati, San Miguel, Zamboanga del Sur, 7029

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Email add: jhcscprocurement@gmail.com

REQUEST FOR QUOTATION

Company Name:Address	<u>-</u>
Please quote your lowest price on the item/s listed below stating the shortest time of delivery and submit your quotation dul	1 6 7
in the return enveleope at	
	SIXAN P. MADARIMOT
NOTE:	Procurement Officer

- 1. ALL ENTRIES MUST BE TYPEWRITTEN
- 2. DELIVERY PERIOD WITHIN _ CALENDAR DAYS
- 3. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACDEPTANCE BY THE PROCURING ENTITY
- 4. PRICE VALIDITY SHALL BE FOR A PERIOD OF 90 CALENDAR DAYS
- 5. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATES OF THE PRODUCT BEING OFFERED.
- 6. PLEASE SUBMIT THE FOLLOWING ELIGIBILITY DOCUMENTS:

A. Business Permit B. Philgeps Certificate/Membership C. Omnibus Sworn Statement if ABC is Above 50,000.00 D. PCAB License

Books Outlay: Approved budget for the contract (ABC) - 519,827.00

NO.	ITEM & DESCRIPTION	QTY.	Unit	UNIT PRICE	TOTAL
	Books Outlay				
1	One Year Subscription of Clinical Key Nursing which includes: Access to 200+ reference books, 70+ Journal titles, 550+ videos and 65000+ images, 250+ Procedural consult videos, 2500+ Clinical Overviews, 2,500_ Drug Monographs, 70+ MOsby's Evidenced based Nursing Monographs, 680+ Practice guidelines, 8,600+ Patient education handouts, Fulltext articles indexed in MEDLINE and access a wide range of content, trusted, specialized medical content and multimedia.	1	package		
	*****nothing follows*****				
	Total				

Delivery Period : Warranty : Price Validity :

After having read and accepted your General Condition, I/We quote you on the item at price noted above.

Printed Name/Signature

Tel. No./Cellphone No.

E-mail Address

Date:

Quotation No.