



REQUEST TO SUBMIT PROPOSAL, QUOTATION
(Negotiated Emergency Cases - Sec. 53.2)

6/4 NOK
6/9 14

Date :

June 1, 2020 0317

Prosel Pharmaceuticals & Distributors, Inc.
9724 Pilitin cor. Pater Sts. Marikina City

Company / Store Name and Address

Please quote your lowest price on the items listed below, subject to the Terms and Conditions and submit your quotation duly signed by your authorized representative on the deadline of submission of this quotation together with the documentary requirements in the return sealed envelope to wit:

1. All entries must be typewritten or handwritten.
2. The Approved Budget for the Contract is Php 270,000.00
3. Delivery period within seven (7) calendar days.
4. Deadline of submission of quotation/proposal not later than June 4, 2020
5. Price validity shall be for a period of seven (7) calendar days.
6. Suppliers/Bidders shall submit original brochures of the product being offered.
7. Documentary Requirements:
 - A. Mayor's/Business Permit
 - B. Income/Business Tax Return for ABCs above 500K
 - C. Omnibus Sworn Statement

EnP JOSE MARIA S. DALUPAN
BAC Chairperson
for Goods and Services

<u>Item No.</u>	<u>Qty.</u>	<u>Unit of Issue</u>	<u>Goods and its Specification</u>	<u>Brand</u>	<u>Unit Cost</u>	<u>Total Cost</u>
1.	400	boxes	Vitamin C tab 500mg 80's	Korn C	675.00	270,000.00

X-X-X-X-X

TWO HUNDRED
SEVENTY THOUSAND
PESOS

To be used during COVID19.

After having carefully read and accepted your Terms and Conditions, I/We quote you on the item at prices noted above.

CRONINE MONTENEGRO
Printed Name / Signature
Medical Representative
Position

(02) 999-9694 896-3279 / www.proselpharma.com
Tel. No./Cellphone No./e-mail address
(00) 312-764-001
TIN No.

This is to certify that the undersigned conducted this request for quotation/proposal for the above stated items.

End User Representative