

Republic of the Philippines  
City of Manila  
CITY GENERAL SERVICES OFFICE  
**REQUEST FOR PRICE QUOTATION**  
(Small Value Procurement)

Date: February 22, 2018  
Quotation No.2018-02-41

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Please quote your lowest price on the item/s listed below and submit your quotation together with the requirements stated hereunder to this office located at Room 442, Manila City Hall Building, Arroceros Street, Manila during office hours within seven (7) calendar days from receipt hereof, subject to the following terms and conditions, to wit:

1. Delivery period shall be within fifteen (15) calendar days upon receipt of Notice to Proceed.
2. Warranty shall be for a period of three (3) months for supplies and materials, One (1) year for equipment from date of acceptance by the end-user
3. Price validity shall be for a maximum period of 120 calendar days.
4. Subject to the submission of the following documents:
  - a. DTI Certificate of Registration
  - b. Mayor's/ Business Permit
  - c. PHILGEPS Registration Number
  - d. Income/Business Tax Return
  - e. Omnibus Sworn Statement

Canvassed By:

**FRANCIS F. YENKO**  
Officer-In-Charge

**CRISTINA R. TABUNDA**  
Supply Officer II

ITEM	QTY.	UNIT	ARTICLE AND DESCRIPTION	CEILING PRICE	UNIT PRICE	TOTAL
			Office: Justice Jose Abad Santos General Hospital Charge to: Philhealth Trust Fund-Hospital Charge (2-02-01-050-307HC) Expenses ABC: Php420,000.00	PR No.19		
1	1	lot	Supply of labor and materials for the repair of of three (3) units Baby Incubator Model David YP-920  1. Serial No. 10090301002 Year Model : 2008-03 2. Serial No. 10091101001 Year Model : 2009-11 3. Serial No. 10091101002 Year Model : 2009-11  Scope of Work: -Reconditioning of Unit -Replacement/Modification of Control Unit -Replacement of Thermo Controller -Replacement of Over Temperature Controller -Replacement of Circuit Board -Recalibration of Unit	Php 420,000.00	Php _____	Php _____

After having carefully read and accepted your terms and conditions, I/We hereby quote on the items/s at prices listed above

\_\_\_\_\_  
Printed Name/Signature

\_\_\_\_\_  
Tel. No/Cellphone No.  
e-mail address

\_\_\_\_\_  
Date

