

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

Date: March 2, 2018  
 Quotation No. 2018-02-59

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 nine (9) months upon receipt of Notice to Proceed.
2. 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

**EVELYN V. MANUGUID**  
 Acting Supply Officer I

ITEM	QTY.	UNIT	ARTICLE AND DESCRIPTION	CEILING PRICE	UNIT PRICE	TOTAL PRICE
			Office: Sta. Ana Hospital Charge to: Repairs & Maintenance - Machinery & Equipment ABC: Php69,300.00			
3	quarters		Preventive Maintenance of Three (3) units Anesthesia Machine for the period April 1 to December 31, 2018 with Serial Nos. SP2011011, SP2011012 and SP2011014	Php 23,100.00	Php _____	69,300.00
			Scope of Work: * General functional check-up, cleaning & re-calibration if necessary. * Implementation of revisions & updates as made available by the principal * Update the technician in-charge on the daily maintenance & upkeep of the system * Repair the system during the regular working hours whenever it goes out-of-order * Service calls other than the scheduled quarterly visit shall be free of charge			- - - - - - - - -
			x-x-x-x-x-x-x-x		Total . . . . .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