

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

Date: March 19, 2018  
 Quotation No.2018-03-146

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. Price validity shall be for a maximum period of 120 calendar days.
3. 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

**DUANNIE C. GONZALES**  
 Acting Supply Officer I

ITEM	QTY.	UNIT	ARTICLE AND DESCRIPTION	CEILING PRICE	UNIT PRICE	TOTAL
			Office: Ospital Ng Maynila Medical Center Charge to: Office Supplies Expenses ABC: Php189,300.00	PR No. 212 OBR No. 100-1802-00768		
1	20	btls.	Hydrogen Peroxide + Silver 5L/btl.	Php 4,500.00	Php _____	Php _____
2	4	gals.	Muriatic Acid 3.875 ltrs./gal.	Php 350.00	Php _____	Php _____
3	160	btls.	Sodium Hypochlorite 3875 ml./btl.	Php 200.00	Php _____	Php _____
4	1	rl.	Lawn Mower string, 24mm x 30m	Php 2,400.00	Php _____	Php _____
5	4	pcs.	Waste Container, polyethylene, 2 wheels 140 ltr. capacity	Php 14,500.00	Php _____	Php _____
6	10	cans	Disinfectant, Aerosol type, asstd. scents, 300 ml./can x-x-x-x-x-x-x-x-x-x-x-x-x-x	Php 550.00	Php _____	Php _____
				Per Lot Basis 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