

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

Date: **March 19, 2018**
 Quotation No.2018-03-147

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

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: Printing and Publication Expenses ABC: Php51,000.00	PR No. 216 OBR No. 100-1802-00811		
1	10	pads	Printing and Publication Supplies Obligation Request, 4 pcs./set, 50 sets/pad carbonized	Php 850.00	Php _____	Php _____
2	10	pads	Disbursement Voucher, 4 pcs./set, 50 sets/pad, carbonized	Php 850.00	Php _____	Php _____
3	10	pads	Purchase Request, 4 pcs./set, 50 sets/pad carbonized	Php 850.00	Php _____	Php _____
4	30	pads	JEV Form, 4 pcs./set, 50 sets/pad carbonized x-x-x-x-x-x-x-x-x-x-x-x-x-x-x-x	Php 850.00	Php _____	Php _____
Per Lot Basis Total. . . .					Php _____	vvvvvvvvvvvv

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