

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

Date: **March 21, 2018**  
 Quotation No. 2018-03-152

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 **One (1) Year** 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: Medical, Dental & Laboratory Supplies Expenses ABC: Php399,200.00						
<b>Hemodialysis Supplies for 2018</b>						
1	192	packs	Dialysis Supplies - Package Acid Concentrate, Premix, 33.3L Powder Bicarbonate 420g AV Bloodline 3-in-1, single use/disposable 1 set Arterial AV Fistula Needle G16/G15, 1 pc. Venous AV Fistula Needle G16/G15, 1 pc. Heparin Sodium, 1000 IU/ml., 5ml/vial, 1 1/2 vials Normal Salines Solution, 1L, 1 bot. Sterile Dressing Kit, 1 set	Php 1,600.00	Php _____	Php _____
2	20	pcs.	IJ Catheter	Php 3,500.00	Php _____	Php _____
3	20	pcs.	Dialyzer, low flux	Php 1,100.00	Php _____	Php _____
x-x-x-x-x-x-x-x-x-x-x-x				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