

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

Date: April 11, 2018
 Quotation No.2018-04-184

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 **thirty (30) 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: Philhealth-Trust Fund ABC: Php866,768.00 | PR No. 06 | | |
| 1 | lot | | Supply of labor and materials for the installation of homogeneous, anti-bacterial and anti-static vinyl, 100% recyclable, LEED compliance, size: 2mm x 2m x 20m, cove up 85cm. in the Delivery Room, Hallway and ENT Room of the Ospital Ng Maynila Medical Center. x-x-x-x-x-x-x-x-x-x-x | Php 866,768.00 | Php _____ | Php _____ |
| | | | | | Total | Php _____ vvvvvvvvvvv |

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