

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

Date: April 13, 2018  
Quotation No. 2018-04-195

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: Php305,000.00	<b>PR No. 09</b>		
1	lot		Supply of labor and materials for the repair of one (1) unit Drager Fabius Plus Anesthesia Machine Scope of Work: <ul style="list-style-type: none"><li>• Repair of defective and leaking parts.</li><li>• Repair of defective canister parts.</li><li>• Replacement of new oxygen regulator</li><li>• Calibration of Sevorane Vaporizer</li><li>• Testing of the unit</li></ul> x-x-x-x-x-x-x-x-x-x-x-x	Php 305,000.00	Php _____	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