Republic of the Philippines
City of Manila

CITY GENERAL SERVICES OFFICE

REQUEST FOR PRICE QUOTATION (RFQ) No. 2020-02-39

NP-Small Value Procurement

March 4, 2020

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. If applicable, indicate the specific brand, model/year and country of origin for each item.
2. Delivery period shall be within thirty (30) calendar days upon receipt of Purchase Order
3. 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.
4. Price validity shall be for a maximum period of 120 calendar days.
5. 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:

DUANNIE C. GONZALES
Acting Supply Officer I

THELMA L. PEREZ
Officer-In-Charge

ITEM	QTY.	UNIT	ARTICLE AND DESCRIPTION	CEILING PRICE	UNIT PRICE	TOTAL
			Office: Ospital Ng Maynila Medical Center Charge to: Philhealth Trust Fund ABC: Php90,000.00	PR No. 176		
1	1	unit	Maintenance of CT Scan Machine Scope of Work : ● One-time check up which includes system diagnostic and related works such as leakage, current check and other safety control checks. ● Submission of service report with finding and recommendation ● Possible repair (without part replacement) ● Part replacement not included x-x-x-x-x-x-x-x-x-x-x	Php 90,000.00	Php _____	Php _____
					Total	Php _____

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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