

CITY GENERAL SERVICES OFFICE

REQUEST FOR PRICE QUOTATION (RFQ) No. 2020-02-38

NP-Small Value Procurement

March 5, 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 **fifteen (15) 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:

THELMA L. PEREZ
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				PR No. 155		
Charge to: Philhealth-Trust Fund						
ABC: Php952,065.00						
<u>Various Supplies for Cataract Procedure</u>						
1	90	btls.	Balance Salt Solution, 500ml, plastic bottle	Php 1,005.00	Php _____	Php _____
2	45	amps.	Bupivacane heavy amp., 1:2	Php 1,450.00	Php _____	Php _____
3	45	bxs.	Hydroxypropyl Methylcellulose Ophthalmic Solution Preservative Free 1:2	Php 275.00	Php _____	Php _____
4	90	tubes	Levofloxacin Eye Solution, Preservative Free	Php 853.00	Php _____	Php _____
5	90	amps	Lidocaine, 2% Plastic Polyamp	Php 49.00	Php _____	Php _____
6	45	tubes	Moxifloxacin Eye Solution, Preservative Free, 1:4	Php 786.00	Php _____	Php _____
7	35	tubes	Nepafenac Eye Solution, 1:2	Php 899.00	Php _____	Php _____
8	90	tubes	Prednisolone Acetate Eye Solution	Php 550.00	Php _____	Php _____
9	40	tubes	Proparacaine Eye Solution, 1:10	Php 1,250.00	Php _____	Php _____
10	90	bxs.	Sodium Hyaluronate Eye Gel	Php 2,600.00	Php _____	Php _____
11	35	tubes	Tropicamide + Phenylephrine Eye Solution, 1:4	Php 812.00	Php _____	Php _____
12	35	vials	Carbachol vial 1:3	Php 602.00	Php _____	Php _____
13	90	pcs.	Intraocular Lens, Rigid/Foldable	Php 1,900.00	Php _____	Php _____
14	45	pcs.	Knife 2.75 mm 1:2	Php 660.00	Php _____	Php _____
15	45	pcs.	Nylon, 10-0 1:2	Php 453.00	Php _____	Php _____
16	45	pcs.	Stab Knife, 15 Degrees, 1:2	Php 495.00	Php _____	Php _____
17	35	pcs.	Tryphan Blue, 1:3	Php 275.00	Php _____	Php _____
x-x-x-x-x-x-x-x-x-x-x				Per Lot Basis Total Php _____		
				vvvvvvvvvvvvvvvv		

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