

CITY GENERAL SERVICES OFFICE

**REQUEST FOR PRICE QUOTATION (RFQ) No. 2020-02-85**

NP-Small Value Procurement

May 12, 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 Charge to: Philhealth Trust Fund <b>ABC: Php226,100.00</b>	PR No. 181		
			X-Ray Cassettes with Intensifying Screens			
1	2	pcs.	X-Ray Cassette, size 14 x 17	Php 26,350.00	Php _____	Php _____
2	2	pcs.	X-Ray Cassette, size 14 x 14	Php 24,650.00	Php _____	Php _____
3	2	pcs.	X-Ray Cassette, size 11 x 14	Php 22,950.00	Php _____	Php _____
4	2	pcs.	X-Ray Cassette, size 10 x 12	Php 21,250.00	Php _____	Php _____
5	2	pcs.	X-Ray Cassette, size 8 x 10	Php 17,850.00	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