

CITY GENERAL SERVICES OFFICE

**REQUEST FOR QUOTATION (RFQ) No. 2020-02-132**

NP-Small Value Procurement

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/SEC 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

REYNALIN B. ASUNCION  
Acting Supply Officer I

ITEM	QTY.	UNIT	ARTICLE AND DESCRIPTION	CEILING PRICE	UNIT PRICE	TOTAL PRICE
			Office: Ospital ng Maynila Medical Center Charge to: Printing and Publication Expenses ABC: Php51,000.00	PR No. 259 OBR No. 100-2001-00459		
1.	10	pads	Obligation request (OBR), 5 pcs/set, 50 sets/pad, carbonized	Php 850.00	Php _____	8,500.00
2.	10	pads	Disbursement Voucher, 5 pcs/set, 50 sets/pad, carbonized	Php 850.00	Php _____	8,500.00
3.	10	pads	Purchase request, 5 pcs/set, 50 sets/pad, carbonized	Php 850.00	Php _____	8,500.00
4.	30	pads	JEV form, 5 pcs/set, 50 sets/pad, carbonized	Php 850.00	Php _____	25,500.00
			x-x-x-x-x-x-x-x-x-x-x-x-x-x	PER LOT BASIS TOTAL	Php _____	51,000.00
					vvvvvvvvvvvv	

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.

\_\_\_\_\_  
Date