

CITY GENERAL SERVICES OFFICE

REQUEST FOR PRICE QUOTATION (RFQ) NO. 2020-11-795

NP - Small Value Procurement

November 24, 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 / SEC Certificate of Registration with Secretary's Certificate
 - 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

CLARK BENZON L. CASUCO
Acting Supply Officer I

ITEM	QTY.	UNIT	ARTICLE AND DESCRIPTION	CEILING PRICE	UNIT PRICE	TOTAL PRICE
			Office: Gat Andres Bonifacio Memorial Medical Center Charge to: Other Supplies and Materials Expenses ABC: Php196,000.00	PR No. 1305 OBR No. 100-2010-08728		
	28	tanks	Cooking Gas (LPG, 50kgs., refill only)	Php 7,000.00	Php _____	Php _____
			Office: Justice Jose Abad Santos General Hospital Charge to: Other Supplies and Materials Expenses ABC: Php84,000.00	PR No. 1364 OBR No. 100-2010-08741		
	12	tanks	Cooking Gas (LPG, 50kgs., refill only)	Php 7,000.00	Php _____	Php _____
			X-X-X-X-X-X-X-X Per Lot Basis Total: Php280,000.00			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