

CITY GENERAL SERVICES OFFICE

REQUEST FOR QUOTATION (RFQ) No. 2021-03-110

NP-Small Value Procurement

March 10, 2021

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 ten (10) months 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:


EVELYN V. MANDGUID
Acting Supply Officer I

THELMA L. PEREZ
Officer-In-Charge

ITEM	QTY.	UNIT	ARTICLE AND DESCRIPTION	CEILING PRICE	UNIT PRICE	TOTAL
			Office: Sta. Ana Hospital Charge to: Repairs and Maintenance - Machinery and Equipment ABC: Php177,145.00	PR No. 405 OBR No. 100-2102-01389		
1	1	lot	Preventive Maintenance Services for Various Laboratory Equipment One (1) unit Analytical Balancer SN: 23754165	Php 35,429.00	Php _____	Php _____
2	1	lot	One (1) unit Blood Culture Machine SN: NB761	Php 35,429.00	Php _____	Php _____
3	1	lot	One (1) unit Dry Chemistry Analyzer SN: 41004067	Php 35,429.00	Php _____	Php _____
4	1	lot	One (1) unit Electrolyte Analyzer SN: 34039BNKC	Php 35,429.00	Php _____	Php _____
5	1	lot	One (1) unit Portable Urine Analyzer SN: 41009059	Php 35,429.00	Php _____	Php _____
			Scope of Work: *Inspection and Cleaning of equipment * Perform diagnostic test or check performance of equipment * Perform calibration. * Service calls other than the scheduled (4) quarterly visit shall be free of charge. X-X-X-X-X-X-X-X-X-X			

Per Lot Basis 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.

Date