

CITY GENERAL SERVICES OFFICE

REQUEST FOR PRICE QUOTATION (RFQ) No. 2021-08-518

NP-Small Value Procurement

August 16, 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 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: Other Supplies and Material Expenses ABC: Php16,800.00	PR No. 1336 OBR No. 100-2107-06654		
1	2	tanks	Fire Extinguisher, 50 lbs./tank, refill	Php 4,000.00	Php _____	Php _____
2	7	tanks	Fire Extinguisher, 20 lbs./tank, refill	Php 800.00	Php _____	Php _____
3	8	tanks	Fire Extinguisher, 10 lbs./tank, refill	Php 400.00	Php _____	Php _____
			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

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 thirty (30) 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
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Canvassed By:

DUANNIE C. GONZALES
Acting Supply Officer I

THELMA L. PEREZ
Officer-In-Charge

ITEM	QTY.	UNIT	ARTICLE AND DESCRIPTION	CEILING PRICE	UNIT PRICE	TOTAL
Office: Ospital Ng Maynila Medical Center PR No. 1288 Php93,000.00 OBR No. 100-2107-06688						
Ospital Ng Maynila Medical Center PR No. 1295 Php68,500.00 OBR No. 100-2107-06690						
Ospital Ng Maynila Medical Center PR No. 1296 Php120,000.00 OBR No. 100-2107-06689						
ABC:				Php281,500.00		
1	1	unit	PR No. 1288 Repair of Tissue Processor Machine (Leica TP 1020)	Php 93,000.00	Php _____	Php _____
Scope of Work: Replacement of Parts: 1 pc. - Activated Carbon Filter for formaldehyde 1 pc. - Activated Carbon filter for organics.						
2	1	unit	PR No. 1295 Repair of Microtome Machine (Leica RM2125RTS)	Php 68,500.00	Php _____	Php _____
Scope of Work: Replacement of Parts: 2 pcs. - Tension Spring 1 pc. - Leaf Spring 1 pc. - Clamping Lever						
3	1	unit	PR No. 1296 Repair of Cryostat Machine (Leica CM1860UV)	Php 120,000.00	Php _____	Php _____
Scope of Work: Replacement of Parts: 2 pcs. - Tension spring 1 pc. - Leaf spring 1 pc. Insert f. low-prof. blades 1 pc. - Glass insert 70 mm polo.						
x-x-x-x-x-x-x-x-x-x-x-x				Per Lot Basis Total Php _____ vvvvvvvvvvvvvvvvvv		

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

