Republic of the Philippines
City of Manila

CITY GENERAL SERVICES OFFICE

REQUEST FOR QUOTATION (RFQ) No. 2021-08-546

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:

REYNALIN B. ASUNCION
Acting Supply Officer I

THELMA L. PEREZ
Officer-In-Charge

Office: Manila Health Department
Charge to: Printing and Publication Expenses
ABC: Php77,180.00

PR No. 1280
OBR No. 100-2107-06994

ITEM	QTY.	UNIT	ARTICLE AND DESCRIPTION	CEILING PRICE	UNIT PRICE	TOTAL
1.	4	pads	Pre-marriage certificate, 2 sheets x 50 sets/pad	Php 550.00	Php _____	Php _____
2.	140	pads	Personnel Qualification Index	Php 7.00	Php _____	Php _____
3.	400	pcs.	Salary Card	Php 12.00	Php _____	Php _____
4.	600	pcs.	Supplies Ledger card	Php 12.00	Php _____	Php _____
5.	200	pcs.	Identification Card, MHD	Php 8.00	Php _____	Php _____
6.	500	pcs.	Leave Card	Php 9.00	Php _____	Php _____
7.	400	pcs.	Service Record card	Php 7.50	Php _____	Php _____
8.	4,000	pcs.	Health Certificate ID, pink	Php 8.00	Php _____	Php _____
9.	20	pcs.	Tarpaulin, different size	Php 1,000.00	Php _____	Php _____
						_____
			x-x-x-x-x-x-x-x-x-x		PER LOT BASIS TOTAL	Php _____

_____
Printed Name/Signature

_____
Tel. No/Cellphone No.

_____
Date