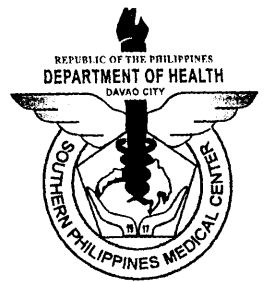




Republic of the Philippines  
DEPARTMENT OF HEALTH  
Regional Office XI  
Southern Philippines Medical Center  
J.P. Laurel Avenue, Davao City  
Tel. No. 227-2731; Fax No. 221-7029



## Request for Quotation

Company Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
TIN Number : \_\_\_\_\_

Date : **March 26, 2019**  
Quotation No. : **2019-04-165**

Please quote your lowest price on the item/s listed below, subject to the General Conditions of the Bids & Awards Committee stating the shortest time of delivery & submit your quotation duly signed by your representative not later than

**Monday, 1 April 2019**

**LANI P. PALER, MPA, MBA-IA, CHA, FPCHA**

BAC Chairperson

### Terms & Conditions:

1. As a government agency, SPMC shall deal only with legitimate supplier/contractor which issue BIR-registered O.R.s;
2. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable;
3. All quotations shall be firm and valid for a period at least thirty (30) days from the date of receipt of quotation;
4. SPMC reserves the right to post-qualify any supplier and/or to reject any or all submitted quotations;
5. P.O./Contract shall be awarded to the lowest evaluated responsive bid, delivered items are subject to inspection, with payment processing to commence only after acceptance by the Property Section; and
6. Warranty shall be for a six (6) months for supplies & materials, one (1) year for equipment from date of acceptance by the procuring entity.

### Additional Requirements for Submission:

Business Permit / Mayor's Permit	License to Operate (for Medical, Laboratory, Drugs & Medicines only)
Certificate of Philgeps Registration and Membership	Certificate of Product Registration (for Medical, Laboratory, Drugs & Medicines only)
Bureau of Internal Revenue (BIR) Registration	D T I / S E C Registration Certificate
Omnibus Sworn Statement (Using the prescribed form)	Valid PCAB License and Registration (for Infrastructure Projects)

Item No.	Unit	Item Description	ABC Amount	Quantity	Unit Price	Remarks
1	tanks	Medical Oxygen Flask, Refill 2.5 kgs, Capacity 5 lbs	325.00	200		
Office/Section: MMS purpose: for WARDS and OR						

After having carefully read and accepted your General Conditions. I/We quote you on the item at prices noted above.

email: [spmc.procurement@gmail.com](mailto:spmc.procurement@gmail.com)  
fax: (082) 282-0316  
website:  
<http://spmc.doh.gov.ph/opportunities/procurement/request-for-quotation>

Signature Over Printed Name

Telephone / Cellphone Nos.

Date