



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: April 8, 2019  
Quotation No. 2019-04-172

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  
In the return envelope attached herewith:

Friday, 12 April 2019

LANI P. PALER, MPA, MBA-HA, CHA, FPCHA

BAC I 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 (per unit)	Quantity	Unit Price	Remarks
1	pc	LCD Digital Indoor Outdoor Hygrometer Humidity, Thermometer Temperature Meter	800.00	4		
2	gal	5-12% Sodium Hypochlorite Solution, Reagent grade	30,000.00	1		
3	bot	Saponin, White (50-100g)	10,000.00	1		
4	pack	Pipette white tips, 300ul, 500s/1000s/pack, must fit to existing multi-channel / single channel pipettors	1,500.00	50		
5	bot	NAD 5g expiration date: One year	27,720.00	6		
6	pack	Transplate Cartridge, Costar 760 transtar 60, 25s/pack	10,000.00	16		
Office/Section: Newborn Screening Center-Mindanao purpose: for Laboratory use						

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