



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 : 2019-04-187

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, MBA, MBA-HA, CHA, FPCHA

BACT 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. / SEC 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	set	ENT TREATMENT UNIT HAND SPRAY compatible with ENT Treatment Unit Grand 9000	7,000.00	8		
2	set	ENT TREATMENT UNIT HAND SPRAY compatible with ENT Treatment Unit Medstar	7,000.00	4		
Office/Section: EFM purpose: for Three ENT treatment units (2 Grand 9000, 1 Medstar)						

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

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

Signature Over Printed Name

Telephone / Cellphone Nos.

Date