



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 13, 2019  
Quotation No. 2019-04-190

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.

Tuesday, 16 April 2019

Terms & Conditions:

1. As a government agency, SPMC shall deal only with legitimate supplier/contractor which issue BIR-registered G.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	Quantity	Unit Price	Remarks
1	lot	<p><b>JOB ORDER: Rehabilitation of Comfort Rooms for PAYWARD 3</b></p> <p>Scope of Works:</p> <p><b>1.0 Site Works</b></p> <p>a. Site clearing, demolition works and layout</p> <p><b>2.0 Tiling works</b></p> <p>a. supply of materials and installation of waterproofing and tiles</p> <p><b>3.0 Plumbing Works</b></p> <p>a. Supply of materials and installation of Hot and Cold Shower with Faucet</p> <p>b. Supply of materials and installation of Water Closet and Accessories</p> <p><b>4.0 Painting Works</b></p> <p>a. supply of materials and application of finishing and painting</p> <p>Office/Section: EFM purpose: for rehabilitation of comfort rooms for payward 3</p>	899,473.58	1		

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