



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 : 2019-04-176

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	pack	Centurion Fluid Management System Gravity, pack 0.9mm ultra ABS balance 45 bevel up	4,095.00	20		
2	pack	Centurion Fluid Management System Gravity Pack, basic	2,625.00	50		
3	pc	Centurion Anterior Vitrectomy Cutter Probe 23G	3,300.00	20		
4	pc	Thermo-Hygrometer, Internal/External Dual Temperature Sensors	2,500.00	10		
5	pc	Replacement Ph Electrode, with electrode guard BNC connector, compatible with Oakton PC 2700	20,000.00	1		
Office/Section: ASU-JICA, DAVAO BLOOD CENTER, WATER ANALYSIS purpose: #1-3: for Ambu surgery unit Optha, #4: for Davao Blood Center use, #5: for Water Analysis						

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

fax: (082) 282-0316

website:

<http://spmc.doh.gov.ph/opportunities/procurement/request-for-quotation>

Signature Over Printed Name

Telephone / Cellphone Nos.

Date