



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 : September 7, 2016
Quotation No. 2016-09-0388

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 **Thursday, 15 September 2016** in the return envelope attached herewith:

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
DTI / SEC Certificate
Bureau of Internal Revenue (BIR) Registration
Tax Clearance per E.O. 398 series of 2005 as finally revised and approved by the BIR

PhilGEPS Registration Certificate
License to Operate (for Medical, Laboratory, Drugs & Medicines only)
Certificate of Product Registration (for Medical, Laboratory, Drugs & Medicines only)
Sworn & duly notarized statement that the prospective Bidder/Supplier has not been "Blacklisted" to participate in bidding by any Government Agency, Local Government, Unit, or Government Owned or Controlled Corporation.

Romeo C. Pandapatan
Procurement Officer

Item No.	Unit	Item Description	ABC Amount	Quantity	Unit Price	Remarks
1	lot	<p>JOB ORDER:</p> <p>Cut and Sew of various hospital linen gowns for ward use. Cutting of linen will be done within the hospital premises and sewing will be on a job out basis plus delivery of finish items.</p> <p><i>Patients OR Gown (Dark Green) 2,000 pcs</i> <i>Patients OR Gown (Light Green) 500 pcs</i> <i>Patients OR Gown (Dark Blue) 500 pcs</i> <i>Patients OR Gown (Light Blue) 300 pcs.</i></p> <p>Office/Section: Linen</p>	495,000.00	1		

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

Signature Over Printed Name

Telephone / Cellphone Nos.

Date