



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 : _____ Date : **June 12, 2021**
 Address : _____ Quotation No. : **2021-06-0200**
 TIN Number : _____

Please quote your lowest price on the item/s listed below, subject to the General Conditions of the B & Awards Committee stating the shortest time of delivery & submit your quotation duly signed by your representative not later than **Friday, 18 June 2021** in the return envelope attached herewith:

Marocel C. Montillano
MAROCEL C. MONTILLANO, MD, FPAFP
 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	bot	MacConkey Agar 500grams	P2,700.00	15		
2	vial	Tuberculin Purified Protien Derivative 1ml/vial	P1,000.00	50		
3	bots	Ethanol, Absolute Reagent Grade, 4L; glass bottle	P3,000.00	20		
4	bot	Ultrapure Distilled Water, DNASE/RNASE Free, 500ml, Ref. no 10977-015	P2,000.00	5		
5	box	Filtered Tips - 100ul, Beveled Tip Filter, Low Retention Aerosol- resistant tips, sterilized, certified RNASE/DNASE, pyogen safe, micropoint, (10racks x 96 tips/box)	P7,000.00	7		
Office/Section: DEPT. OF PATHO & LAB#1(0216); #2PEDIA DEPT. (0206); NSCM #3(0947) #4 -5Laboratory/SNL-MBL (0895)(0894)						

E-Mail Address: spmc.procurement@gmail.com
 Telephone / Fax: (082) 282-0316
 Agency Website: <http://spmc.doh.gov.ph/opportunities/procurement/request-for-quotation>

Signature Over Printed Name

Telephone / Cellphone Nos.