



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. : 2021-06-0206
 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:

ATTY. DANILO A. CULLO
 Chairman, Bids and Awards Committee

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 DTI / 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	pcs	Foam -72 x 22 x 4 with cover	P2,170.00	150		
OFFICE/SECTION: EMERGENCY DEPT. (0498)						

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

 Signature Over Printed Name

 Telephone / Cellphone Nos.

 Date