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 : **May 20, 2021**
Address : _____ Quotation No. : **2021-05-0180**
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 **Monday, 24 May 2021** in the return envelope attached herewith:

ATTY. DANILO A. CULLO
BAC II 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
Certificate of Philgeps Registration and Membership
Bureau of Internal Revenue (BIR) Registration
Omnibus Sworn Statement (Using the prescribed form)
License to Operate (*for Medical, Laboratory, Drugs & Medicines only)*
Certificate of Product Registration (*for Medical, Laboratory, Drugs & Medicines only)*
D T I / S E C Registration Certificate
Valid PCAB License and Registration (for Infrastructure Projects)

Item No.	Unit	Item Description	ABC Amount (per unit)	Quantity	Unit Price	Remarks
1	**item**	**PAPER SHREDDER**	**₱42,995.00**	**1**		
2	**unit**	**FINGERPRINT TIME ATTENDANCE**	**₱25,000.00**	**4**		
		Specifications:				
		Model: TFT500				
		Display/Speaker:				
		LCD Display: 3.5" TFT high-definition graphical interface, 65.000 real color				
		Speaker: Voice Prompt (language can be selected)				
		Technical Specifications Capacity: Fingerprint capacity: 10,000				
		Log capacity: 200,000; **Communication:** TCP/IP, RS232/485, USB Host/Client				
		Attendance Status: Check in, Check out, Break in, Break out, OT in, OT out				
		Verification/ Identification: Verification speed (1:1): ≤0.5s				
		Identification speed (1:N): ≤1s				
		Power Supply: Power: 110/220VAC~12VDC1.5A				
		Compatible to existing SPMC attendance system				
	OFFICE/SECTION: LABORATORY/ SNL-MBL (0697); #2 HRMO(0650)					

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.

_____
Date