*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 : September 13, 2016
Address : _____ Quotation No. 2016-09-0402
TIN Number : _____

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 **Wednesday, 21 September 2016** in the return envelope attached herewith:

**Romeo G. Pandapatan**
Procurement Officer

***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
D T I / S E C 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.

| Item No. | Unit | Item Description | ABC Amount | Quantity | Unit Price | Remarks |
|---|---|---|---|---|---|---|
| 1 | unit | **ECG Machine**<br>specifications:<br><br>Lead: Standard 12 leads<br>Acquisition Mode: 12 leads simultaneously<br>A/D Converter: 12 bits / 24 bits<br>Measurement Range: +-5mVpp<br>Time Constant: > 3.2s<br>Frequency Response: 0.05Hz ~ 150Hz (-3dB)<br>Calibration Voltage: 1mV +- 3%<br>Sensitivity: 2.5, 5, 10, 20 (mm/mV)<br>Record Paper: 80mm x 20m<br>Display:<br>320 x 240 pixels LCD (Wide Screen)<br>192 x 64 pixels LCD (Narrow Screen)<br><br>**Office/Section:**<br>*SPMC - Dialysis Unit* | 60,000.00 | 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