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 : February 8, 2017
Address : _____ Quotation No. 2017-02-0997
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 **Monday, 13 February 2017** in the return envelope attached herewith:

By:
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
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	Quantity	Unit Price	Remarks
1	set	**Fiber glass dining table with 3 net chair** Color black/grey length 170cm x width100cm x height 74cm please photo attached **Office/Section:** Chief of Clinics		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