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 20, 2016**
Address : _____ Quotation No. **2016-09-0431**
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, 28 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
	pax	**SNACK FOR COMMUNITY OUTREACH (3 DAYS)** **10/3/2016, Malabog Paquibato district 70/pax** **10/05/2016 Callawa, Paquibato District 70/pax** 10/7/2016 **Talaingod Davao del Norte** 70/pax note: 70 participants per day Time of Delivery: 8:00 AM Place of delivery: Southern Philippines Medical Center compound, Newborn Screening Center - Mindanao **Office/Section:** Newborn Screening Center-Mindanao	15,750.00	210		

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