



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 6, 2017  
Address : \_\_\_\_\_ Quotation No. 2017-02-0965  
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 Thursday, 9 February 2017 in the return envelope attached herewith:

*for: mld*  
**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)  
DTI / SEC Registration Certificate  
Valid PCAB License and Registration (for Infrastructure Projects)

Item No.	Unit	Item Description	ABC Amount	Quantity	Unit Price	Remarks
1	pc	Variant nbs Sickle Cell Reorder Pack 1000T, Product Code CSD-GBU-250-3000		6		
		Office/Section: Newborn Screening Center-Mindanao				

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