



**REQUEST FOR QUOTATION**  
**SMALL VALUE PROCUREMENT**  
**(SECTION 53.9)**

Date : November 10, 2020  
 PR No. : GF-20-09-01709

Name of Company : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Contact No. : \_\_\_\_\_

Project Title : **PROCUREMENT OF VARIOUS MEDICAL SUPPLIES**

Approved budget of the Contract : **Php 299,724.10**

End-User / Implementing Office : **City Mayors Office (QC Protection Center)**

Please quote your best offer for the item/s described below, subject to the Terms and Conditions provided. Submit your quotation duly signed by you or your duly authorized representative not later than November 13, 2020, 10:00 a.m Philippine Standard Time, together with the following documents of your company:

- 1 PhilGEPS certificate (not expired on the time of opening of quotations);
- 2 Business Registration (DTI/SEC)
- 3 Mayor's/Business Permit (2020);
- 4 Tax Clearance; and
- 5 Omnibus Sworn Statement prescribed by the Government Procurement Policy Board (GPPB).
- 6 Income/Business Tax Return (for FY 2019) (For ABC P500,000.00 above)
- 7 If applicable, the JVA in case the joint venture is already in existence, or duly notarized statements from all the potential joint venture partners stating that they will enter into and abide by the provisions of the JVA in the instance that the bid is successful.

in a **SEALED LONG BROWN ENVELOPE** shall:

- 1 Contain the Project Name and PR Number of the contract to be bid in capital letters;
- 2 Bear the name and address of the Bidder in capital letters;
- 3 Be addressed to the Procuring Entity's BAC.

Project Title : **PROCUREMENT OF VARIOUS MEDICAL SUPPLIES**

**Quezon City Local Government  
 BIDS AND AWARDS COMMITTEE  
 2/F Procurement Department, Finance Building  
 Quezon City Hall Compound**

For any clarification you may contact us at 89884242 loc. 8506/8709.

**ATTY. DOMINIC B. GARCIA**  
 Officer-In-Charge/Head, BAC Secretariat

**TERMS AND CONDITIONS**

1. Bidders shall **provide correct and accurate** information required in this form.
2. Price quotation/s must be valid for a period of thirty (30) calendar days from the date of submission.
3. Price quotation/s, to be denominated in Philippine Peso shall include all taxes, duties and/or levies payable.
4. Quotation **exceeding** the Approved Budget for the Contract (ABC) shall be **rejected**.
5. Award of contract shall be made to the lowest quotation (for goods and services) which complies with the minimum technical specifications and other terms and conditions stated herein.
6. Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
7. The City General Services Department (CGSD) shall have the right to inspect the goods.
8. Non-submission of eligibility documents shall mean disqualification of Quotation.
9. Liquidated damages equivalent to one tenth (1/10) of one percent (1%) of the value of the goods not delivered within the prescribed delivery period shall be imposed per day of delay. CGSD shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open to it.
10. Failure to follow these instructions will disqualify your entire quotation.

After having carefully read and accepted the Terms and Conditions, I/We submit our quotation/s as follows:

ITEM NO.	ITEM & DESCRIPTION	UNIT OF ISSUE	QTY.	UNIT PRICE	ITEM TOTAL
1	Non-Woven Face Mask 50pcs/Box	Box	180		
2	Clean Gloves	Box	50		
3	Sterile Gloves size 6 1/2" 100pcs/box	Box	50		
4	Cotton Pledgets 6" Sterile 100packs/box	Box	50		
5	Sterile Gauze size 10cm x 10cm 8 ply	Box	50		
6	Pregnancy Test Kit 50pcs/box	Box	50		
7	Syringe 3cc 100pcs/box	Box	50		
8	Hot and Cold Pack	Pc	30		
9	Aneroid Sphygmomanometer	Pc	20		
10	Micropore Tape 1 inch	Pc	200		
11	Glass Slide 72 pcs/box	Box	20		
12	Betadine 100ml	Pc	60		
13	Alcohol 70% 500ml	Pc	360		
14	Hydrogen Peroxide 1000ml	Pc	30		
15	Linen White Flat Sheets for Examination Bed	Pc	20		
16	Patient's Gown Round Neck, Large	Pc	20		
<b>Total Quoted Amount</b>					

Amount in Words: \_\_\_\_\_  
 \_\_\_\_\_

<b>OTHER INSTRUCTIONS/SPECIFICATIONS:</b>
1. Copy of valid, current License to Operate for Medical Supplies/Devices from DOH Accreditation as Supplier, Distributor or Manufacturer

Delivery Period : Thirty (30) calendar days  
Warranty : \_\_\_\_\_

\_\_\_\_\_  
Signature over printed name

\_\_\_\_\_  
Office Telephone No./Fax/Mobile No.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

GF-20-09-01709