



Republic of the Philippines  
**QUEZON CITY GOVERNMENT**  
**BIDS AND AWARDS COMMITTEE**  
 2nd Floor, Procurement Department,  
 Finance Building, Quezon City Hall Compound



**REQUEST FOR QUOTATION**  
**NEGOTIATED PROCUREMENT**  
**SECTION 53.9**

Date: DEC 01 2020  
 PR No: GF-20-06-00999B

Name of Company : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Contact No. : \_\_\_\_\_  
 Project Title : **RM- CENTRALIZED SUCTION MACHINE**  
 Approved Budget for the Contract : **Php 28,000.00**  
 End-User / Implementing Office : **NOVALICHES DISTRICT HOSPITAL**

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 DEC 04 2020 10:00 AM 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;
- 5 Income/Business Tax Return (for FY 2018) (For ABC P500,000.00 above);
- 6 Omnibus Sworn Statement prescribed by the Government Procurement Policy Board (GPPB).
- 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.

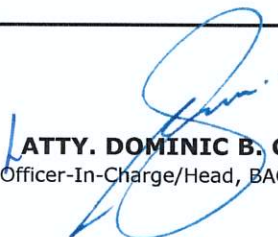
in a **SEALED LONG BROWN ENVELOPE** shall:

- 1 Contain the Project Name and PR

Project Title: **RM- CENTRALIZED SUCTION MACHINE**

**Quezon City Local Government**  
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For any clarification you may contact us at 89884242 loc. 8505/8709.

  
**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) or the highest rated offer (for consulting 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
	RM- Centralized Suction Machine Scope of Works 1. Dismantling of defective coupling 2. Reinstall of new coupling 3. Dismantling of defective contractor with auxiliary relay 4. Supply and install of new contractor with auxiliary relay 5. Test run				
1	Lovejoy Coupling hub Model CJ35 Curved Jaw Hub, powdered metal steel Metric, 24mm bore 1.02 inh Outside Diameter 3.07 inches Overall Coupling Length, 8mm x 3.3mm keyway	Set	1		
2	SHIHLIN S-P21 Shihlin S-P21 220VAC 1NO1NC	Set	2		
3	Aux Contact Block 1NO1NC SIDE	Set	2		
4	Spider Rubber	Set	2		
5	Puller Tools	Set	1		
<b>Total Quoted Amount</b>					

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

Delivery Period : Thirty (30) Calendar Days  
 Warranty : \_\_\_\_\_

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

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

\_\_\_\_\_  
 Date

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

