



REQUEST FOR QUOTATION
SMALL VALUE PROCUREMENT
(SECTION 53.9)

Date : April 6, 2021
PR No. : GF-20-05-00834

Name of Company : _____
Address : _____
Contact No. : _____
Project Title : **PROCUREMENT OF DENTAL UNIT AND CHAIR**
Approved budget of
the Contract : **P 462,800.00**
End-User /
Implementing Office : **QUEZON CITY HEALTH DEPARTMENT**

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 April 12, 2021 10:00am 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 (2021);
- 4 Tax Clearance; and
- 5 Omnibus Sworn Statement prescribed by the **QC BAC- Goods and Services**
- 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 DENTAL UNIT AND CHAIR

**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) 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
1	DENTAL UNIT AND CHAIR, brand new Specifications: 1 unit low speed hand piece 1 unit high speed hand piece 2 pc asst. dentists stool 1 unit light cure (built-in) 1 unit TV monitor 17inch white with holder with intra oral camera 1 unit scaler (built-in) not LED 1 year warranty on parts and service except for hand piece Additional specifications: intelligent touched controlled system 12 memories large comfortable backrest w/ lumber support double articulating headrest injection molded seamless upholstery full functional foot controller electronic work programming return automatically to zero position dual armrest w/ right movable adjustable armrest to accommodate patients o wheelchair -must provide ISO or EC certification -must provide certificate of warranty of 2 years parts/service and 5 year service warranty -delivery and installation on site	Unit	2		

Amount in Words: _____

Delivery Period : THIRTY (30) Calendar Days
 Warranty : _____

OTHER REQUIREMENT:	
1. Statement of Warranty – Two (2) years parts/service and Five (5) years service warranty	
2. Copy of valid, current License to Operate for Medical and Dental Equipment from DOH Accreditation as Supplier, Distributor or Manufacturer	

 Signature over printed name

 Office Telephone No./Fax/Mobile No.

 Date

 Email Address

