



REQUEST FOR QUOTATION SHOPPING 52.1b

DATE : **OCTOBER 18, 2022**

PROJECT NO. : **QCGH-22-JS2-884D**

Name of Company : _____
Address : _____
Contact No. : _____
Project Title : **PROCUREMENT OF VARIOUS JANITORIAL SUPPLIES
(TRASHBAG AND OTHERS)**
Approved Budget of
the Contract : **P 150,413.20**
End-User /
Implementing Office : **QUEZON CITY GENERAL HOSPITAL**

| Item Nos. | Approved Budget for The Contract |
|------------------|----------------------------------|
| 1-8 | 81,866.85 |
| 9-16 | 62,882.65 |
| 17-20 | 5,663.70 |
| TOTAL ABC | 150,413.20 |

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 **OCTOBER 21, 2022, 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 (2022);
- 4 Tax Clearance; and
- 5 Omnibus Sworn Statement prescribed by the **QC BAC- Goods and Services**
- 6 Income/Business Tax Return (for FY 2021) (For ABCs above P500,000.00)
- 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** issued by **QC BAC- Goods and Services**.


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. | <u>Non-submission of eligibility documents shall mean disqualification of Quotation.</u> | | | | |
| 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 |
|----------|--|---------------|------|------------|------------|
| | <u>MEDICAL SERVICES</u> | | | | |
| | ANIMAL BITE TREATMENT CENTER | | | | |
| 1 | Toilet Tissue Paper 2-ply sheets, 150 pulls, 12 rolls in a pack | pack | 100 | | |
| | FAMILY MEDICINE DEPARTMENT | | | | |
| 2 | Toilet Tissue Paper 2-ply sheets, 150 pulls, 12 rolls in a pack | pack | 100 | | |
| | INTERNAL MEDICINE DEPARTMENT | | | | |
| 3 | Toilet Tissue Paper 2-ply sheets, 150 pulls, 12 rolls in a pack | pack | 50 | | |
| | DEPARTMENT OF OTORHINOLARYNGOLOGY- HEAD AND NECK SURGERY | | | | |
| 4 | trashbag, plastic, gusseted type, transparent, 10pcs per roll/pack | pack | 350 | | |
| | PEDIATRICS DEPARTMENT | | | | |
| 5 | Toilet Tissue Paper 2-ply sheets, 150 pulls, 12 rolls in a pack | pack | 180 | | |
| 6 | trashbag, plastic, gusseted type, transparent, 10pcs per roll/pack | pack | 20 | | |
| 7 | Toilet Tissue Paper 2-ply sheets, 150 pulls, 12 rolls in a pack | pack | 30 | | |
| | PSYCHIATRY DEPARTMENT | | | | |
| 8 | ALCOHOL, ethyl, 68%-70%, scented, 500ml | bottle | 23 | | |
| | <u>ADMINISTRATIVE SERVICES</u> | | | | |
| | PROPERTY AND SUPPLY | | | | |
| 9 | HYGIENIC hand wiping multi-fold towel white 24cm x 23 cm, paper towel, 250 sheets per pack, 16 packs per box | box | 33 | | |
| | ACCOUNTING DIVISION | | | | |
| 10 | Toilet Tissue Paper 2-ply sheets, 150 pulls, 12 rolls in a pack | pack | 300 | | |
| | ADMITTING/PABX SECTION | | | | |
| 11 | Toilet Tissue Paper 2-ply sheets, 150 pulls, 12 rolls in a pack | pack | 50 | | |
| | DIRECTOR'S OFFICE/ASST. DIR, FOR PROF. SERVICES/CHAPLAINCY | | | | |
| 12 | ALCOHOL, ethyl, 68%-70%, scented, 500ml | bottle | 119 | | |
| | PDER | | | | |
| 13 | ALCOHOL, ethyl, 68%-70%, scented, 500ml | bottle | 50 | | |
| | ADMINISTRATIVE RECORDS SECTION | | | | |
| 14 | ALCOHOL, ethyl, 68%-70%, scented, 500ml | bottle | 200 | | |
| 15 | Toilet Tissue Paper 2-ply sheets, 150 pulls, 12 rolls in a pack | pack | 100 | | |

| | | | | | |
|-------|---|--------|----|--|--|
| | ENGINEERING SERVICES | | | | |
| 16 | HYGIENIC hand wiping multi-fold towel white 24cmx23cm , paper towel 250 sheets per pack, 16 packs per box | box | 10 | | |
| | ANCILLARY SERVICES | | | | |
| | DENTAL | | | | |
| 17 | LIQUID DISHWASHING SOAP, 900ML/BOT | bottle | 12 | | |
| | MEDICAL SOCIAL SERVICE | | | | |
| 18 | trashbag, plastic, gusseted type, transparent, 10pcs per roll/ pack | pack | 30 | | |
| | PATHOLOGY DEPARTMENT | | | | |
| 19 | Multi insect spray, odorless 500 ml | can | 4 | | |
| | | | | | |
| TOTAL | | | | | |

Amount in Words: _____

Delivery Period : **THIRTY (30) CALENDAR DAYS**
Warranty : _____

Signature over printed name

Office Telephone No./Fax/Mobile No.

Date

Email Address