



**REQUEST FOR QUOTATION  
 NEGOTIATED 53.9  
 SMALL VALUE PROCUREMENT**

DATE : JUNE 10, 2024  
 Project No. : QCGH-24-HMES-1021

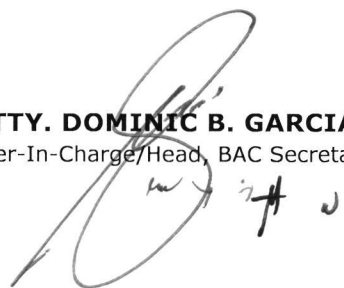
Name of Company : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Contact No. : \_\_\_\_\_  
 Project Title : PREVENTIVE MAINTENANCE OF ANESTHESIA MACHINE  
 Approved Budget of the Contract : P 100,000.00  
 End-User / Implementing Office : QUEZON CITY GENERAL HOSPITAL

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 **JUNE 14, 2024, 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 (2024);
- 4 Tax Clearance; and
- 5 Omnibus Sworn Statement prescribed by the **QC BAC- Goods and Services**
- 6 Income/Business Tax Return (for FY 2023) (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.

**NOTE: Submission of a Document Request List (DRL) is required prior to the issuance of the Long Brown Envelope.**

  
**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	<b>GE Anesthesia Machine SN:SM616440007WA</b>	Unit	1		
2	<b>GE Anesthesia Machine SN:SM616430048WA</b>	Unit	1		
	Preventive Maintenance Services (Quarterly) 1. Quarterly visit done during office hours 2. Preventive maintenance scope: *General assessment, visual inspections, and diagnosis of machine condition *Re-evaluation and functionality check of system menus, AC Outlets and other accessories. *Implementation of field modification instruction as required. *Quality Assurance Test, Safety related and cleanliness of equipment *Use of Electrical Safety Analyzer – for checking insulation resistance, earth ground resistance *Software Upgrades/Updates Terms of Payment: Quarterly				
<b>Total Quoted Amount</b>					

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

Additional Requirement/s:
<ul style="list-style-type: none"> <li>• Copy of valid, current License to Operate for Medical Supplies/Devices from DOH Accreditation as Supplier, Distributor or Manufacturer</li> </ul>
<ul style="list-style-type: none"> <li>• Statement of Warranty: Minimum of Six (6) Months</li> </ul>

Delivery Period : Until December 31, 2024

Warranty : \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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

*Law YTH*