



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

DATE : JULY 16, 2024  
 Project : HEALTH-24-HMES-  
 No. : 0811

Name of Company : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 Contact No. : \_\_\_\_\_  
 Project Title : RM - THERMO REFRIGERATOR (PARTS AND LABOR)  
 Approved Budget of the Contract : P 110,208.00  
 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 **JULY 19, 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

*Handwritten initials/signature*

**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	REPAIR OF THERMO REFRIGERATOR ✓ Brand: Thermo Scientific, Model: TSX2305GZ ✓ <b>Assembly, UE/MC Relay Board</b> ✓ Scope of Work: ✓ Check-up of Thermo Refrigerator and repair of the unit and replacement of assembly, UE/MC relay board Mobilization (pull-out and return using truck) Labor Testing and Commissioning ✓	lot ✓	1 ✓		
2	REPAIR OF THERMO-80 ULTRA LOW FREEZER Brand: Thermo Scientific, Model: FDE50086FD ✓ <b>Condenser Fan</b> ✓ Scope of Work: ✓ check-up of Thermo-80 Ultra Low Freezer and repair and replacement of condenser Fan Mobilization Labor Testing and Commissioning ✓	lot ✓	1 ✓		
<b>Total Quoted Amount</b>					

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

<b>OTHER REQUIREMENTS:</b>
<ul style="list-style-type: none"> <li>• Statement of Warranty: minimum of Six (6) months.</li> </ul>

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

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

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

\_\_\_\_\_  
Date

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

*D J F G*