



Kaagapay ng Komunidad sa Maginhawang Pamumuhay

Standard Form Number: SF-GOOD-60
Revised on: May 24, 2004
Standard Form Title: Request for Quotation

Date:
Quotation No.

Company Name:
Address:
TIN No:
PhilGEPS Registration Number

Please quote your lowest price on the item/s listed below, subject to the General Conditions, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than January 22, 2024.

Marian Badar
MARIAN BADAR
Procurement Officer II
Tel/fax. No. 817-3168/7506337/84 loc. 433
Marian.procurementshfc@gmail.com

General Conditions:

- 1. All entries must be typewritten/accurate/readable.
2. Delivery period must be within seven (7) calendar days only.
3. Warranty shall be for a period of six (6) months for supplies and materials, one (1) year for equipment, from the date of acceptance by the Procuring Entity.
4. Price validity must be within thirty (30) calendar days.
5. Bidders must submit Certificate of PhilGEPS registration, updated Business Permit/Mayor's Permit, Notarized Omnibus Sworn Statement (for ABC's above 50k), Phil. FDA Product Registration/Notification Certificate or Medical Device Registration/Notification issued by PFDA, License to Operate (LTO) as Medical Device Importer/Wholesaler and Income or Business Tax Return for ABC's above 500k.
6. Bidders shall submit original brochures showing specifications of product being offered.

(FAILURE TO DO SO WILL MEAN DISQUALIFICATION OF YOUR BID PROPOSAL.)

Table with 5 columns: Item No., Item and Description, Qty, Approved Budget (in Php), and BID PRICE. Row 1: 1, RAPID ANTIGEN TEST KIT, 2000 pcs, 50.00/pc, 100,000.00. Row 2: Note regarding legal documentary requirements and a budget of 100,000.00.

Brand and Model :
Delivery Period :
Warranty :
Price Validity :
Payee's Name :

After having carefully read and accepted your General Conditions, I/We quote you on the item at prices noted above.

Printed Name / Signature

Tel. No. / Cellphone No.

E-mail address:

Date