

Kaagapay ng Komunidad sa Maginhawang Pamumuhay

BALAI	SHEC
April 18 Control	State of the last

Standard Form Number: SF-GOOD-60

Revised on: May 24, 2004

Company Name:

Address:

Standard Form Title: Request for Quotation

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TIN No: 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 November 03, 2021 Have body JANUARY 11, 2022 MARIAN BADAR

Supply Officer II

Tel/fax. No. 817-3168/7506337/84 loc. 433 procurementunitshfc@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 G-EPS registration. FDA Product Notification Certificate (US & Local), Certificate of Distributorship issued by the Manufacturer
- 6. Bidders shall submit original brochures showing specifications of product being offered.

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

Item No.	Item and Description	Qty	Approved Budget (in Php)	TOTAL PRICE
	Supply and Delivery of the Annual Corp. Token	763 (1 Lot)	1,310.00/lot	
1	360° UVC Disinfection Bag	()		
2	36W UV Sterilization Lamp			
3	Fingertip Pulse Oximeter			
	Features:			
	Light and Compact Design			
	Easy Operation and to carry			
	Dual-Color Oled Display			
	Power Level Indicator			
	Blood Oxygen Saturation Level			
	Pulse Rate			
	One-Button Operation			
	Heart Beat Mark or Heart Rate Monitor			
	Pulse Rate Bar Graph			
	Lanyard Loop Hole (optional)			
		₽		999,987.80

	Delivery Period	1
	Warranty	1
	Price Validity	
	Payee's Name	
After having ca	arefully read and accepted your Gene	eral Conditions, I/We quote you on the item at
rices noted above.	• • • • • • • • • • • • • • • • • • • •	
		Printed Name / Signature
		Tel. No. / Cellphone No. e-mail address
		Date