

**REQUEST FOR PRICE QUOTATION**

December 21, 2021

Date

Sir/Madam:

Please quote your lowest price on the article services noted below in the spaces indicated, and as soon as possible, please submit your quotation in a sealed envelope to the undersigned.

*f. bustillos*  
**JULIET C. BUSTILLOS, MPA**  
 Supervising Administrative Officer

QTY	UNIT	ITEMS	ABC/unit	BRAND	UNIT PRICE	TOTAL PRICE
3	unit	Infusion Pump	43,200.00			
<p>Please see attached technical specification to be accomplished and submitted together with the Brochure and Proposal</p> <p><b>Secondary Requirements to be submitted before issuance of Purchase Order.</b>                      Mayor's/ Business Permit                      PhilGEPS Registration Number: _____                      Omnibus Sworn Statement</p> <p><b>Additional Documents to be submitted by the Winning Bidder during the delivery of the equipment</b>                      Warranty Certificate                      Certificate of Acceptance (Please see attached Form)                      Tax Receipts from the Bureau of Customs or the BIR indicating the exact specifications and/or serial number of the equipment procured by the government as proof of payment of all taxes and duties due on the same equipment, supplied or sold to the government.</p> <p><b>For Imported Items:</b></p> <ul style="list-style-type: none"> <li>a. Consular Invoice/Pro-forma invoice of the foreign supplier with the corresponding details.</li> <li>b. Home Consumption Value of the items</li> <li>c. Breakdown of the expenses incurred in the importation and other requirements as specified in the Technical Specifications</li> </ul> <p><b>Terms and Conditions:</b>                      The Project shall be awarded as one contract.                      Delivery charge must be included to the unit price of your proposal and must be delivered at <u>Materials Management Office</u>                      Delivery term: <u>within 30 calendar days</u> upon receipt of Approved Purchase Order/Job Order                      Payment Term: <u>within 30 calendar days</u> after the Final Acceptance                      Please submit in a sealed envelope on or before: _____</p> <p><b>FOR OR USE</b>                      Note: Subject to 5% WT and 1%FT for VAT Registered Supplier                      3% WT and 1%FT for Non-VAT Registered Supplier</p>						

- The Hospital Bids and Awards Committee has the right to accept, reject and waived defects in canvass.
- It is a pre-condition to the acceptance of this quotation and the Purchase Order that in case of disallowance in post-audit due to overpricing, the supplier shall be held solely responsible for refund thereof.

Canvassed by:

\_\_\_\_\_  
 Name & Signature of Dealer

\_\_\_\_\_  
 Company

**IMEE MARIE F. ALEJANDRINO**  
 Contact #: 0968-879-9415

\_\_\_\_\_  
 Date