DOH4A - BAC - RFQ - Rev1

Republic of the Philippines
Department of Health
CENTER FOR HEALTH DEVELOPMENT
Calabarzon
QMMC Compound, Project 4, Quezon City 1109
Trunkline: (02)82492000
Email Add: chd4a_doh_calabarzon@yahoo.com

REQUEST FOR QUOTATION
(SHOPPING / SMALL VALUE PROCUREMENT)

COMPANY : ______________________________________
ADDRESS : ______________________________________
CONTACT NO: ____________________________________

Sir / Madam :

Please quote your lowest government price for each of the following item(s) specified below. Submit it in a sealed envelope to BAC Secretariat Office or thru email at doh4a.rfq@gmail.com, not later than May 4, 2020.

IMPORTANT:
1. Price should be valid for thirty (30) calendar days.
2. Delivery Period is within ______ calendar days from receipt of Purchase Order (P.O.).
3. Warranty shall be for a period of _______ months, if applicable.
4. Total Price quoted is subject to withholding tax.
5. Attach a valid (a) Mayor's Permit (b) BIR Registration Certificate (c) Tax Clearance Certificate (d) DTI Certificate and (e) PhilGEPS Registration / Certificate, upon submission of the quotation.
6. New suppliers are required to submit a company profile.
7. Submit original brochures showing the product being offered, if applicable.

Very truly yours,

NOEL G. PASION, MD, MPH, CESE
BAC Chairperson

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<table>
<thead>
<tr>
<th>Item No.</th>
<th>Unit of Measure</th>
<th>ITEM AND DESCRIPTION</th>
<th>QTY</th>
<th>TOTAL ABC</th>
<th>(Please specify Origin/Brand/Model)</th>
<th>UNIT PRICE</th>
<th>TOTAL PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>unit</td>
<td>3.0 TR Floor Mounted Inverter Air Converter with Installation</td>
<td>2</td>
<td>200,000.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Supplier's Signature Over Printed Name

Date

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Very truly yours,

NOEL G. PASION, MD, MPH, CESE
BAC Chairperson