



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 :

D A T E	November 6, 2020
P. R. No.	20-10-274-A
Requesting Unit	STRH
Mode of Procurement	Shopping

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](mailto:doh4a.rfq@gmail.com), not later than **November 9, 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, (e) PhilGEPS Registration / Certificate, and (f) Revised Omnibus Sworn Statement, 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

Item No.	Unit of Measure	ITEM AND DESCRIPTION	QTY	TOTAL ABC	(Please specify Origin/Brand/Model)	UNIT PRICE	TOTAL PRICE
1	set	A3 Refill Ink Tank Print, Scan, Copy Wireless, Automatic 2 sided printing	1	40,000.00			
<b>TOTAL</b>				<b>40,000.00</b>			

*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