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 June 22, 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

<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>UNIT PRICE</th>
<th>TOTAL PRICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>pc</td>
<td>Wi-Fi All-in-One Ink Tank Printer Print, Scan, Copy On-demand inkjet Dimensions: 375 x 347 x 179mm Flatbed colour image scanner</td>
<td>1</td>
<td>10,500.00</td>
<td></td>
<td>10,500.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>10,500.00</strong></td>
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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

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

DOH4A-BAC-RFQ-Rev1