



Republic of the Philippines
City of Tagbilaran
City Hall, Tagbilaran City, 6300 Bohol

REQUEST FOR QUOTATION
Procurement of Goods [Hospital Bedside Table]
(Repost)

The City Government of Tagbilaran, through the **Appropriation Ordinance No. 17-08 for FY 2018**, intends to apply the sum of **Twenty One Thousand Six Hundred Pesos only (Php21,600.00)** being the Approved Budget for the Contract (ABC) to payments under the contract for **Quotation No. 1810-399**. Quotations from suppliers received in excess of the ABC shall be automatically rejected.

The City Government of Tagbilaran now invites suppliers to quote for **3 units Hospital Bedside Table with 3 Drawers (480mm x 480mm x 760mm)** for the **CHO, Tagbilaran City**. Delivery of the Goods is required within **30 Calendar Days** after receipt of Purchase Order. Suppliers should have completed, within 24 months from the date of submission and receipt of quotations, a contract similar to the Project. The description of an eligible supplier is contained in the Bidding Documents, particularly, in Section 11, Instruction to Bidders.

Quotation for Goods will be conducted through open competitive procedures as specified in the Implementing Rules and Regulations (IRR) of Republic Act (RA) 9184, otherwise known as the "Government Procurement Reform Act".

Quotation for the Goods is open to all interested suppliers, whether local or foreign, subject to the conditions for eligibility provided in the IRR of RA 9184.

Interested suppliers may obtain further information from the City Government of Tagbilaran at the address given below during 8:00 AM - 5:00 PM Monday to Friday only except holidays.

A set of Request for Quotation be purchased by interested Suppliers on **November 13 - 20, 2018** from the address below and upon payment of a non-refundable fee in the amount of **P150.00**.

Quotations must be delivered to the address below on or before **November 20, 2018 at 12:00 PM**.

Request for Quotations will be opened and the lowest quotation for the goods will be awarded the supply of the goods to be procured at the BAC Office, CEO, Tagbilaran City. Late quotations shall not be accepted.

The City Government of Tagbilaran reserves the right to accept or reject any quotations, to annul the awarding process and to reject all quotations at any time prior to contract award, without thereby incurring any liability to the affected suppliers.


CATHELYN O. TORREMOCHA
BAC Chairman

Company Name: _____
 Address : _____

REQUEST FOR QUOTATION

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by your representative not later than November 20, 2018 at 12:00 PM.



CATHELYN O. TORREMOCHA
 Procurement Officer

- NOTE: 1 ALL ENTRIES MUST BE TYPEWRITTEN IF POSSIBLE
 2 QUOTATIONS WITH ERASURES WILL BE DULY INITIALLED
 3 DELIVERY PERIOD WITHIN 30 Calendar Days AFTER RECEIPT OF P.O.
 4 WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY
 5 PRICE VALIDITY SHALL BE FOR A PERIOD OF 60 CALENDAR DAYS
 6 OMNIBUS STATEMENT, VALID MAYOR'S PERMIT, BIR CERTIFICATE OF REGISTRATION, CURRENT INCOME TAX RETURN and VALID PHILGEPS REGISTRATION CERTIFICATE (Platinum) SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION
 7 SUBJECT TO SUBMISSION OF LEGAL DOCUMENTS FOR THE DETERMINATION OF TECHNICAL, LEGAL, AND FINANCIAL CAPABILITY OF SUPPLIER
 8 SUBJECT TO REVIEW BY THE COMMISSION ON AUDIT AND IF EVER FOUND TO BE OVERPRICED, YOU ARE BOUND TO REFUND THE AMOUNT SAID TO BE EXCESSIVE.

| ITEM NO. | ITEM AND DESCRIPTION | BRAND | QTY | UNIT | UNIT Price | TOTAL COST |
|----------|---|-------|-----|-------|------------|------------|
| 1 | Hospital Bedside Table with 3 Drawers <i>Size: 480mm x 480mm x 760mm</i> XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | | 3 | units | | |
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| TOTAL | | | | | | |

Delivery Period : _____
 Warranty : _____
 Price Validity : _____

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

Signature Over Printed Name _____
 Tel. No. : _____
 Cell No. : _____
 Email Add. : _____
 Date : _____