PGH Form No. Q2500003 Rev. 01 Eff01 July 2021

Date: 01 DECEMBER 2022

PHILIPPINE GENERAL HOSPITAL
The National University Hospital
University of the Philippines Manila
PURCHASING OFFICE
Taft Avenue, Manila



"PHIC-Accredited Health Care Provider" ISO 9001 Certified

## REQUEST FOR QUOTATION / PROPOSAL

Purcha	se Request No.:	PUR22-10-0925  NEGOTIATED PROCUREMENT as per Section 53.9 of 2016 Revised IRR of R.A. No. 9184.  SMALL VALUE							
Mode	of Procurement								
		SWILL VILION							
BUSIN	ESS NAME								
Please o	quote at your gover	nment price inclusive of VAT for the	item/s	listed b	elow. It will b	e apprecia	ted if y	ou can	submit
your qu	otation duly signe				G OFFICE 2n			ce Wing EMBE	
PHILI	PPINE GENERA	L HOSPITAL, Taft Avenue, Manila	l not is	ater triar	1 3.00pm on		DEG	22442323	S. C. Del Vallaci
	General Conditions								
		ypewritten or in print. ate delivery period) calendar days.							
3	Warranty shall be fo	or a minimum period of six (6) months for	the su	pplies an	d materials, on	e (1) year			
	for equipment from	the date of acceptance by the procuring e te the BRAND and MODEL NUMBER of	entity.	when an	nronriate				
5	Price validity shall b	e for a period of 90 calendar days from the	he date	of openi	ng of quotation	/proposal.			
6	Documentary requir	ements should be attached upon submiss	ion of t	the quota	tion/proposal				
	A	siness/Mayor's Permit	Parameter and the same of the	•	PS Registration			te	
-	x Latest Bu	isiness/Income Tax Return to submit single bid/offer only for each i			ed Omnibus Sw ere bids/offer is				
	disqualified.	to sabiliti single bidy offer only to coon .					•		
8	OTHERS								
	TAG. ALVAREZ Purchasing Office & END-USE	P. O.E.T.S.					State	ment of	
	1					r	Com	pliance	
			1		Unit Price	Quoted			Remarks (Brand and
Item No.	Item	Description	Qty	UOM	(PHP)	Price	Yes	No	Specifications
1		ULATOR with OXEQUIP/	45	pcs.	15,280.00				
	MEDSTAR and	with CHEMETRON/OHMEDA					-		
		2	+-				-		
			-				+		
	See Annex F	or More Specification	+	1					
			-	-		-	-		-
			+						
James 1		Approved Budget for	the Co	ontract:	687,600.00				
Total	Amount of Quota	tion (in <u>Words</u> & in <u>Figures</u> )							
				and the state of the state of					
		I/We, the undersigned Supplier, hereby	OFFE	ER to sup	ply/deliver/perf	orm the abou	e descril	hed items.	
		my:							
	Name of Representati	ive:			***************************************				
		ture							Appropried