Signature

PHILIPPINE CENERAL 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

Date:	21 OCTOBER	<u>2021</u>						
Purch	ase Request No.:	PUR21-09-0897						
Mode	of Procurement:	SMALL VALUE PROCURE	MEN'	T				
DITO	NIEDO DI LECE							
BUSI	NESS NAME							
MACONIMIC TONS	meters at the of each place are provided to the open consequence of the consequence of th							
Please	quote at your gov	rernment price inclusive of VAT f	or the	item/s lis	sted below. It wil	l be appreciat	ed if you can submi	t
		led by your representative at the					r P.Ġ.H. CHAPE	
Philip	pine General Hos	pital, Taft Avenue, Manila, not l	ater th	ian 3:00 ₁	om on	28 OC	TOBER 2021.	_
	GENERAL CO	AIDITIONIC.						
1		pe typewritten or in print.						
		state delivery period) calendar day	'e					
		e for a minimum period of six (6) :		s for the	sunnlies and mate	erials one (1)	Vest	
		om the date of acceptance by the p					,	
4		icate the BRAND and MODEL N		-		iate.		
		l be for a period of 90 calendar da					posal.	
		uirements should be attached upo					_	
		Business/Mayor's Permit			PhilGEPS Regist	- -	er/Certificate	
	X Latest	Business/Income Tax Return		X	Notarized Omni	bus Sworn Sta	atement	
7		ed to submit single bid/offer only	for ea					ed.
	OTHERS	• .				,	, 1	
For 6	eth or information	, you may call at <u>(02) 8554–8400</u> l	o col NI	~ (3003)	and look for Ma	n THEI MA	C BERNIAPIO	
1.01.10	varet mmommamoni	, you may can at (02) 0334-0400 i	OCALIN	O. (<u>2023)</u>	AND TOOK TOT 1911	S. IIIIZIZIVIA	C. DERVARDO	<u>.</u>
1	ma sales							
LOL	TA CALVARE	Z						
Chief, .	Purchasing Office	É						
		END-USER:	PHA	RMACY	DEPARTMEN	VT		
	er op de la company					Quoted	Statement of	Remarks
Item					Unit Price	Unit	Compliance	(Brand and
No.	PARTY TO STATE THE PROPERTY OF THE PARTY OF	Description		UOM	(PHP)	Price	Yes No	Specifications)
1		TICAL REFRIGERATOR	3	unit	P 223,000.00			
	with CALIBRA	TION CERTIFICATE		1		<u> </u>		
						1		
		NNEX FOR MORE						
	SPECIFICATION	ON/DESCRIPTION				<u> </u>	 	
		107 4 TO TO A B 7 PR 17		1		-		
		WARRANTY		-			+	
-		BRAND						
				-		1	1	
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				\vdash				
		Approved Budget for	the C	ontract	P 669,000,00			
<i></i>					2 005,000.00			
1 otal	Amount of Quo	tation (in Words & in Figures)			enterago antido dos escueles de la composição de la compo			
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			, 07	יי כודמיי		ens the about dec	crihad itams	
		I/We, the undersigned Supplier, he	reby OF	TER 10 S	upply aeliver perjor	ns use avove aest	01 207000 20071231	
	of Company:							
	of Representative: m / Designation:							
	/ &							

ANNEX 1

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End-User: PHARMACY DEPARTMENT

Item				Unit Price	Quoted Unit	Statement of Compliance		Remarks
No.	Item Description	Qty	UOM .	(PHP)	Price			(Brand and Specifications)
	100 mg 1 1 100 mg 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-				Yes	No	Specifications)
1	Pharmaceutical Refrigerator (wi calibra-	3	unit	P 223,000.00	d d			
	tion certicate)	-						
-	TECHNICAL SPECIFICATION					-		
-	Extenal Dimensions: approximately - W800xD4	E0-111000	Vmann					
	Internal Dimensions: approximately: W720xD3					-		
	Effective Capacity: 340L (12.0 cu.ft)	JUXIII40	o(mm)					
	Exterior: Acrylic finish baked on zinc galvanized sta	apl	Mark Commence of the Commence			-		
	Interior: Stainless Steel							• • •
	Door: Double layer pair glass/steel plate, heat ray reflection film, 4doors					-		
	Insulation: Rigid polyurethane foamed-in place (Ci			ř.				
	Cooling Method: Forced cool air circulation							
	Compressor: Hermetic type, Motor output; 160W							
	Fan motor: Output 1W							
	Condenser: Fin tube type							
	Evaporator: \'/ire tube type							
	Defrosting: Forced type, fully automatic							
	Defrost heater: approximately 101W							
	Temperature controller: Microprocessor control	system						
	Thermometer: Digital type							
	Fluorescent light: White light 20Wx1							
	High temp. alarm: Buzzer, high temp, alarm lamp							
	Low temp alarm: Buzzer, Defrost lamp ON, flash	of display	1					
	Weight: approximately 90kg	***************************************						
	Temperature control range: +2°C to 14°C							
	usable Ambient Temperature: 110°C to 35°C							
-	Noise level: 38dB (A scale)							
	Maximum Pressure: 1646(kPa							
	Rated voltage: AC220 to 240V Rated frequency 50-60Hz							
	Rated power consumption: 181W - 193W							
	- w/ wheels for easy and fast transfer if needed	1						
	*** NOTHING FOLLOWS ***							
	140 2211 40 1 0 1210 410	****						
	TERMS and CONDITIONS:							
	1. Warranty: Two (2) years on parts and one (1	l vear o	n service:					
	one (1) year on AVR. Warranty Period shall co							
	date of acceptance by the end user.							
	2. Preventive maintenance: With calibration co	ertificate	w/ validity					
	date of one (1) year. Free manufacturer recom							
	preventive maintenance during the warranty p				7			
	3. Manuals: The supplier must provide operat		nual in the					
	English Language upon delivery.	.01 0 11141	100111110					and the state of t
	4. Training: Supplier must provide product or	rentatio	n tor end				1	
	users							
And the second s	5. Acceptance Procedures and Parameters: Vi	isual and	d					
	Functional Testing		B					
	*** NOTHING FOLLOWS ***							
	Approved Budg	et for th	e Contract					
	Tippove Daug			P 669,000.00				
		A * - A = -						and the same of th
	TOTAL	QUOTI	ED PRICE					
Total .	Amount of Quotation (in <u>Words</u> & in <u>Figures</u>)							

ebuston	2n-30	4/16/21
		I/We, the undersigned Supplier, hereby OFFER to supply/deliver/perform the above described items
Name of Con	npany:	
Name of Rep	resentative:	
Position / De	esignation:	
Signature	-	

