



**NEGOTIATED PROCUREMENT
(SMALL VALUE PROCUREMENT)**

Standard Form No. SF-GOOD-60
Revised on May 24, 2004

Date: April 07, 2021
RFQ No. DD-2021-04-025

Various Suppliers/Contractors
San Jose, Antique/Iloilo City

Please quote your lowest price on the item/s listed below, subject to the General Conditions stated herein the shortest time of delivery and submit your quotation duly signed by your representative not later than April 14, 2021 at the Room 2, Second Floor, Provincial Health Office, Atabay, San Jose, Antique at 2: 00 o' clock p.m. in the return envelope attached herewith.

RIC NOEL A. NACIONGAYO, MD, MPA, FPSMS
Provincial Health Officer II/BAC Chairman
(Procurement Officer)

ITEM NO	QTY	UNIT	DESCRIPTION	UNIT COST	TOTAL ABC/UNIT	BRAND OFFERED	BID PRICE/UNIT	TOTAL BID PRICE
1	1	set	Water Pump Assembly, original	42,000.00	42,000.00			
			GRAND TOTAL ABC		42,000.00			
			<i>For the use of PHO (for Mobile Dental Bus with Property No. 3002)</i>					

TOTAL AMOUNT IN WORDS:

GRAND TOTAL BID P _____

TERMS/CONDITIONS AND REQUIREMENTS:

1. WARRANTY SHALL BE FOR A PERIOD OF SIX (6) MONTHS FOR SUPPLIES AND MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY.
2. MAYOR'S PERMIT.
3. PhilGEPS REGISTRATION CERTIFICATE SHALL BE ATTACHED UPON SUBMISSION OF THE QUOTATION.
4. BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATION OF THE PRODUCT BEING OFFERED
5. OMNIBUS SWORN STATEMENT (COA Circular No. 2012-001 (9.2))
6. BRAND NAME SHOULD BE REFLECTED IN THE BID OFFERED, IN CASE NOT AVAILABLE THE MANUFACTURER'S NAME SHOULD BE STATED.
7. BRING SAMPLE ONCE REQUIRED DURING POST QUALIFICATION/EVALUATION.
8. PARTIAL BID IS NOT ALLOWED.
9. INCOME TAX RETURN (ITR)

After having carefully read and accepted your Terms/Conditions and Requirements, I/We quote you on the item prices noted above.

Place of Inspection: PGSO, San Jose, Antique

Place of Delivery: PHO, San Jose, Antique (to be delivered by the winning supplier)

Delivery Period: w/ in 7 calendar days after receipt of Purchase Order

Printed Name/Signature

Company's Name

Tel. No./Cellphone/E-mail Add.

Date

