NEGOTIATED PROCUREMENT (SMALL VALUE PROCUREMENT)

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

Various Suppliers/Contractors San Jose, Antique/Iloilo City

Date: April 21, 2021 RFQ No. MM-2021-04-025

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 <u>April 28, 2021</u> 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	QTY	UNIT	DESCRIPTION	UNIT COST	TOTAL ABC/UNIT	BRAND	BID	TOTAL BID PRICE		
NO	٧					OFFERED	PRICE/UNIT			
1	1	set	Water Pump Assembly, original	42,000.00	42,000.00					
			GRAND TOTAL ABC		42,000.00					
			For the use of PHO (for Mobile Dental Bus with Property No. 3002)							
TOTAL	TOTAL AMOUNT IN WARRS.									

TOTAL AMOUNT IN WORDS:

GRAND TOTAL BID

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.
- ${\bf 8.\; PARTIAL\; BID\; IS\; NOT\; ALLOWED.}$
- 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.

lace of Delivery:	PHO, San Jose, Antique (to be delivered by the winning supplier)	
elivery Period:	w/ in 7 calendar days after receipt of Purchase Order	
		Printed Name/Signature
		Company's Name
		Tel. No./Cellphone/E-mail Add.
		Date