



Republic of the Philippines
City Government of Muntinlupa
National Road Putatan Muntinlupa City
BIDS and AWARDS COMMITTEE
www.muntinlupacity.gov.ph

REQUEST FOR QUOTATION

Date: 4/2/2018
Quotation No:2018-0038

Company Name: _____
Address: _____
Name of Store/Shop: _____
Address: _____
Business Permit No.: _____
TIN: _____
PhilGEPS Registration No.(required): _____

The **City Government of Muntinlupa**, through its Bids and Awards Committee, intends to procure for the **Purchase of Various need for Dental Health Education, Health Promotion as part of the National Dental Health Month**, which will be undertaken in accordance with Section 53.9 of the 2016 Revised Implementing Rules and Regulations of Republic Act No.9184.

Please quote your **best offer** for the item/s described herein, subject to the Terms and Conditions provided. Submit your quotation duly signed by you or your duly authorized representative not later than the **DEADLINE on April 6, 2018**.

A copy of the following documents are also required to be submitted along with your quotation/proposal:

- 1. Mayor's/Business Permit:**
- 2. Latest Income/Business Tax Return;and**
- 3. Accomplished and Notarized Omnibus Sworn Statement (Attached hereto Annex "A")**

Open Quotations may be submitted, manually or through facsimile or email at the address and contact numbers indicated below.

For any clarification, you may contact **Bids & Awards Committee** at telephone no.(02)861-1127 or email at BAC_Muntinlupa@yahoo.com



ISO 9001:2008 CERTIFIED

CERT. CODE : QMS0708041506KA-001

YAN ANG TAMA YAN ANG MUNTINLUPA!



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INSTRUCTIONS:

- (1) Accomplish this RFQ correctly and accurately.
- (2) Do not alter the contents of this in any way.
- (3) technical specifications with asterisks(*) are mandatory. Failure to comply with any of the mandatory requirements will disqualify your quotation.
- (4) Failure to follow these instructions will disqualify your entire quotation.

After having carefully read and accepted the Terms and Conditions, I/we submit our quotation/s for the item/s as follows:

Procurement Project	Approved Budget for the Contract (ABC)
Purchase of Various need for Dental Health Education, Health Promotion as part of the National Dental Health Month	Three Hundred Seventeen Thousand Nine Hundred Sixty Pesos(Php317,960.00)

Technical Specifications:

Item Description	Compliance		REMARKS
	Yes	No	
*50 REAM Individual treatment record (ITR)			
*2000 pc Promotional Fan			
*5540 pack Toothbrush/Toothpaste-Child			
*5000 pack Toothbrush.Toothpaste-Adult			



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Your Quotation

Summary of Approved Budget			Offered quotation		
Item	Quantity	Total Price	Item	Quantity	Total Price
Individual traetment record (ITR)	50 REAM				
Promotional Fan	2000 pc				
Toothbrush/Toothpaste-Child	5540 pack				
Toothbrush.Toothpaste-Adult	5000 pack				
Total ABC (in Php)		317,960.00	Total Offered quotation (in Php)		PhP _____

TERMS AND CONDITIONS:

1. Bidders shall provide correct and accurate information required in this form.
2. Bidders must quote for all or all the items.
3. Price quotation/s must be valid for a period of thirty (30) calendar days from the date of submission.
4. Price quotation/s, to be denominated in Philippine peso shall include all taxes, duties and/or levies payable.
5. Quotations exceeding the Approved Budget for the contract shall be rejected.
6. Award of contract shall be made to the lowest quotation (for goods and infrastructure) or, the highest rated offer (for consulting services) which complies with the minimum technical specifications and other terms and conditions stated herein.
7. Any interlineations, erasures overwriting shall be valid only if they are signed or initialed by you or any of your duly authorized representative/s.
8. The Item/s shall be delivered according to the requirements specified in the Technical Specifications.
9. The GSO shall have the right to inspect and/or to test the goods to confirm their conformity to the technical specifications.

Signature over Printed Name

Position/Designation

Office Telephone No.

Mobile Phone No./Fax No.

Email address/es



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