



Republic of the Philippines

## City Government of Muntinlupa

National Road Putatan Muntinlupa City

### BIDS and AWARDS COMMITTEE

[www.muntinlupacity.gov.ph](http://www.muntinlupacity.gov.ph)

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#### REQUEST FOR QUOTATION

Date: 2/03/2020

Quotation No:2020-0005

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

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 Dental Materials to be used in all health centers for the National Dental Health Celebration 2020 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 February 7, 2020.**

A copy of the following documents are also required to be submitted along with your

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 [bacmuntinlupa@gmail.com](mailto:bacmuntinlupa@gmail.com)



ISO 9001:2008 CERTIFIED

CERT. CODE : QMS0708041506KA-001

**YAN ANG TAMA YAN ANG MUNTINLUPA!**



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**City Government of 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 Dental Materials to be used in all health centers for the National Dental Health Celebration 2020	Three Hundred Ninety Thousand Four Hundred Eighty Pesos(Php390,480.00)	
<b>Technical Specifications:</b>		
Item Description	Compliance	REMARKS
	Yes      No	
*126 ream Individual Treatment Record Form (ITR) Riso 11 x 13 back to back		
*8000 pack Toothbrush/Toothpaste child		
*5000 pack Toothbrush/Toothpaste adult		

**Your Quotation**

Summary of Approved Budget			Offered quotation		
Item	Quantity	Total Price	Item	Unit Cost	Total Price
Individual Treatment Record Form (ITR) Riso 11 x 13 back to back	*126 ream				
Toothbrush/Toothpaste child	*8000 pack				
Toothbrush/Toothpaste adult	*5000 pack				
		P390,480.00	Total Offered quotation (in Php)		Php _____



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**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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