

Bicol Medical Center

Concepcion Pequeña, Naga City, 4400

Telephone No.: (054)472-3434

Standard Form/Title: **REQUEST FOR QUOTATION**

Quotation No. **Q20-12-1028**

Bicol Medical Center

PR No.: 20-12-2132

Concepcion Pequeña, Naga City, 4400

Date: December 11, 2020

Office/ End User: **BILLING SECTION**

COMPANY NAME: _____

ADDRESS: _____

TEL. NO./FAX NO.: _____

Please quote your lowest price on the item(s) listed below, subject to the Terms and Conditions stated below stating the shortest time of delivery and submit your quotation duly signed by your representative not later than of (3) working days upon receipt in the return envelope attached herewith

TERMS and CONDITIONS:

1. All entries must be typewritten or legibly written.
2. Delivery period within (5) working days upon receipt of the approved funded Purchase Order (P.O.)
3. Warranty shall be for a minimum of three (3) months for supplies & materials from dated of acceptance by the end-user. One (1) year for equipment
4. Price validity shall be for a period of sixty (60) calendar days.
5. PhilGEPS Registration Certificate shall be attached upon submission of the quotation.
6. Bidders shall submit original brochures showing certifications of the product, if applicable.

MARIA SARA PADUA-LABILLES, MD, FPSPS, FPCS
BAC Chair

Item No.:	ITEM/S AND DESCRIPTION	ABC	QTY	Unit	Stock on Hand Readily Available for Delivery	Unit Price	Total Price
1	Executive high back office chair maximum weight capacity: 100kg, heavy duty with aluminum base and PU caster, pneumatic height adjustment, 360 degree swivel function, arm rest with cushion, seat rest with lumbar support, color: black, leatherette cover One (1) year warranty -----nf----- Documentary Requirements: - Mayor's Permit - DTI Permit or SEC Registration - BIR Certificate of Registration (Form 2303) - PHILGEPS Registration Number	7,000.00	2	pc			

PLEASE RETURN / REFAX / WILL BE PICKED UP ON OR BEFORE December 22, 2020

Delivery Period: _____

After having carefully read and accepted your General Conditions, I / We quote on you on the item(s) at prices note above.

Canvasser

PRINTED NAME / SIGNATURE / DATE