



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)

**REQUEST FOR QUOTATION**

Date: 02/13/2023  
 Quotation No:2023-0029

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

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

Business Permit No.: \_\_\_\_\_

TIN: \_\_\_\_\_

PhilGEPS Registration No.(required): \_\_\_\_\_

The City Government of Muntinlupa, through its Bids and Awards Committee, intends to procure **Various X-ray Supplies**, requested by **City Health Office**, which will be undertaken in accordance with **Section 52.1.b** of the 2016 Revised Implementing Rules and Regulations of

Please quote your **best offer** for the item/s described herein, subject to the Terms and Conditions provided.

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

<b>1. Mayor's/Business Permit: (Certified True Copy)</b>	<b>3. PhilGEPS Registration (Certified True Copy)</b>
<b>2. Accomplished and Notarized Omnibus Sworn Statement (Original)</b>	<b>4. Certificate of Registration (Certified True Copy)</b>

Quotations/Proposals must be submitted to the BAC Office of the City Government of Muntinlupa for checking & validation.

For any clarification, you may contact **Bids & Awards Committee** at telephone no.(02)8861-1127

**INSTRUCTIONS:**  
 (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  
 (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)
Various X-ray Supplies	One hundred fifty eight thousand seven hundred fifty five pesos

**Technical Specifications:**

QTY	UNIT OF ISSUE	ITEM DESCRIPTION	Compliance		REMARKS
			Yes	No	
5	box	X-Ray Film, 11x14, 100's			
5	box	X-Ray Envelope, 11x14, 100's			
3	box	X-Ray Film, 10x12, 100's			
3	box	X-Ray Envelope, 10x12, 100's			
6	gal	Liquid Solution Manual Developer			



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3	gal	Fixer Manual (X-Ray)				
6	pc	X-Ray Film Hanger, 11x14				
2	pc	X-Ray Cassette, 14x17				
3	box	X-Ray Film, 14x17, 100's				
3	box	X-Ray Envelope, 14x17, 100's				
<b>Summary of Approved Budget</b>			<b>OFFERED QUOTATION</b>			
QTY	UNIT OF ISSUE	ITEM DESCRIPTION	QTY	UNIT OF ISSUE	ITEM DESCRIPTION	TOTAL PRICE
5	box	X-Ray Film, 11x14, 100's				
5	box	X-Ray Envelope, 11x14, 100's				
3	box	X-Ray Film, 10x12, 100's				
3	box	X-Ray Envelope, 10x12, 100's				
6	gal	Liquid Solution Manual Developer				
3	gal	Fixer Manual (X-Ray)				
6	pc	X-Ray Film Hanger, 11x14				
2	pc	X-Ray Cassette, 14x17				
3	box	X-Ray Film, 14x17, 100's				
3	box	X-Ray Envelope, 14x17, 100's				
			158,755.00	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