



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: 1/26/2024  
Quotation No:2024-0015

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 **Purchase of Sevoflurane wet formulation** 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.

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>4. PhilGEPS Registration (Certified True Copy)</b>       |
| <b>2. Accomplished and Notarized Omnibus Sworn Statement (Original)</b> | <b>5. Certificate of Registration (Certified True Copy)</b> |
| <b>3. Latest Income Tax (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:

| <b>Procurement Project</b>              | <b>Approved Budget for the Contract (ABC)</b>             |
|---|---|
| Purchase of Sevoflurane wet formulation | Three Hundred Forty Four Thousand Two Hundred Fifty Pesos |

**Technical Specifications:**

| QTY | UNIT OF ISSUE | ITEM DESCRIPTION  | Compliance |    | REMARKS |
|-----|---------------|---|------------|----|---------|
|     |               |   | Yes        | No |         |
| 75  | bots          | Sevoflurane wet formulation 250ml vial  |            |    |         |
|     |               | Note: Pls. make sure all items has valid LTO, CPR, & Certificate of Distributorship |            |    |         |



**TERMS AND CONDITIONS:**

- Signature over Printed Name**

Position/Designation

Office Telephone No.

Mobile Phone No./Fax No.

Email address/es