



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: 6/24/2025
Quotation No:2025-0356

Company Name: _____

Address: _____

TIN: _____

PhilGEPS Registration No.(required): _____

The **City Government of Muntinlupa**, through its Bids and Awards Committee, intends to procure **Supply & Delivery of Cardiac Marker Analyzer Reagent Tie-up & Pre Transfusion Compatibility Testing Reagent Tie-up**, 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:

1. Mayor's/Business Permit: (Certified True Copy)	4. PhilGEPS Registration (Certified True Copy)
2. Omnibus Sworn Statement (original)	5. Certificate of Registration (Certified True Copy)
3. Latest Income Tax (Certified True Copy)	6. Tax Clearance (Certified true copy)

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)			
Supply & Delivery of Cardiac Marker Analyzer Reagent Tie-up & Pre Transfusion Compatibility Testing Reagent Tie-up			Five Hundred Eighty Four Thousand Five Hundred Forty Pesos Only			
QTY	UNIT OF ISSUE	ITEM DESCRIPRION	Compliance		REMARKS	
			Yes	No		
CARDIAC MARKER ANALYZER REAGENT TIE-UP AND PRE TRANSFUSION COMPATIBILITY TESTING REAGENT TIE-UP						
44	BOX	TROPONIN 1 CARTRIDGE, 25S				
5	BOX	HIGH SENSITIVITY C-REACTIVE PROTEIN, 25S				
10	BOX	GEL CROSSMATCHING CARD - AHG, 144S				



TERMS AND CONDITIONS:

- Signature over Printed Name

Position/Designation

Office Telephone No.

Mobile Phone No./Fax No.

Email address/es