



Request for Quotation

Date:
PR#: 404468

Please quote your lowest price on the item/s listed below stating the shortest time of delivery and submit/fax/email your quotation duly signed by your representative not later than _____.

THE PROJECT WILL ONLY BE AWARDED TO PLATINUM REGISTERED PHILGEPS SUPPLIERS FOR COMPETITIVE BIDDING AND TO AT LEAST RED MEMBER REGISTERED SUPPLIERS TO ALTERNATIVE MODE OF PROCUREMENT. TO REGISTER, KINDLY CLICK THE LINK <https://www.philgeps.gov.ph/Suppliers/add>

QTY	UNIT	ITEM DESCRIPTION/SPECIFICATION	UNIT PRICE	TOTAL PRICE
1	unit	Dial Aneriod Sphygmomanometer Blood Pressure BP Apparatus with Stand and wheels		
1	unit	K3 thermal scanner with alcohol dispenser non-contact Digital infrared thermometer temperature scanner		
1	unit	Automatic blood pressure device		
1	unit	Lockable medical cart with lockable door and drawers		
1	set	Sars-Cov-2 rapid antigen test 100s		
1	pc	Hot and cold rubber bottle warmer 500ml		

- NOTE:**
1. ALL ENTRIES MUST BE CLEAR AND READABLE.
 2. DELIVERY PERIOD WITHIN 7 CALENDAR DAYS UPON PO CONFORME.
 3. WARRANTY SHALL BE ATLEAST SIX (6) MONTHS FOR SUPPLIES & MATERIALS, ATLEAST ONE (1) YEAR FOR EQUIPMENT, FROM DATE OF ACCEPTANCE BY THE PROCURING ENTITY.
 4. PRICE VALIDITY SHALL BE FOR A PERIOD OF 90 CALENDAR DAYS.
 5. PhilGEPS REGISTRATION CERTIFICATE SHALL BE ATTACHED/FAX/EMAILED UPON SUBMISSION OF THE QUOTATION (IF EXPIRED OR DAP HAS NO FILE).
 6. TERMS OF PAYMENT 30 DAYS AFTER DELIVERY OF ITEM/S OR FINAL ACCEPTANCE.

I/We quote you on the item/s at prices noted above.

_____ Printed Name / Signature; Date

Tel. No. / Cellphone No. :

_____ E-mail address:



development academy of the philippines

Name of supplier:
