



Republic of the Philippines  
Government of Ormoc City  
BIDS AND AWARDS COMMITTEE  
Ormoc City

CHD

P.R. No.: 241044  
Quotation No.: 243457-2019  
PhilGEPs No.: \_\_\_\_\_

Standard Form Title: **REQUEST FOR QUOTATION**

Please quote your lowest price on the item/s listed below, subject to the General Conditions on the last page, stating the shortest time of delivery and submit your quotation duly signed by you or your authorized representative not later than \_\_\_\_\_

**LOUCELLE MAE B. ARANETA**  
PROCUREMENT OFFICER

- NOTE: (1) ALL ENTRIES MUST BE TYPEWRITTEN OR LEGIBLY WRITTEN.  
(2) DELIVERY PERIOD WITHIN 70 C.D. UPON RECEIPT OF THE APPROVED FUNDED PURCHASE ORDER (P.O.). Administrative penalties pursuant to Sec. 69 of the Revised IRR-RA 9184 shall be for a minimum for non-delivery without valid reason.  
(3) WARRANTY SHALL BE FOR A PERIOD OF THREE (3) MONTHS OF SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, FROM DATE

OF ACCEPTANCE BY THE END-USER. (4) PRICE VALIDITY SHALL BE FOR A PERIOD OF SIXTY (60) DAYS. (5) G-EPS REG NO., MAYORs PERMIT, DTI/SEC, AND FOR ABC's ABOVE 500K - ITR & OMNIBUS SWORN STATEMENT SHALL BE ATTACHED UPON SUBMISSION (6) BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCTS IF APPLICABLE. (7) THE **APPROVED BUDGET CEILING** FOR THIS PROCUREMENT IS (amount indicated below)  
Php 600,000.00

| Activities              | Schedule                 |                        |
|-------------------------|--------------------------|------------------------|
|                         | FROM                     | TO                     |
| 1 Issuance of Canvass   | Thursday March 14, 2024  | Tuesday March 19, 2024 |
| 2 Submission of Canvass | Wednesday March 20, 2024 | 10:00 AM               |
| 3 Opening of Canvass    | Wednesday March 20, 2024 | 2:00 PM                |

| #             | Item and Description  | QTY    | UNIT COST | TOTAL |
|---------------|---|--------|-----------|-------|
| 1             | Chair, Dental   | 2 unit |           |       |
|               | Brand New   |        |           |       |
|               | SPECIFICATION:  |        |           |       |
|               | *Fully Motorized (Up & Down)                                      |        |           |       |
|               | *With Digital control located at working tray                     |        |           |       |
|               | *2 Hand piece attachment for high speed                           |        |           |       |
|               | *1 Hand piece attachment for low speed                            |        |           |       |
|               | *Two 3 way syringe at working tray and asst.                      |        |           |       |
|               | *Wide working tray  |        |           |       |
|               | *Assistant tray with NO control located 3 ways suction and saliva |        |           |       |
|               | *With high suction and saliva ejector                             |        |           |       |
|               | *Four eye LED light with manual with X-Ray viewer Para apical     |        |           |       |
|               | *Cushion is soft, foamy type, synthetic upholstery                |        |           |       |
|               | *Digital Control for cup filler and cuspid or flushing            |        |           |       |
|               | *Ceramic while cuspidor   |        |           |       |
|               | *Power Voltage: 220V-50/60Hz                                      |        |           |       |
|               | *Motor Voltage: 24V   |        |           |       |
|               | *Air Pressure: 0.5mpa-0.8mpa                                      |        |           |       |
|               | *Water Pressure: 0.2mpa-0.4mpa                                    |        |           |       |
|               | *Volatge 110V-240V, 50H2-60H2                                     |        |           |       |
|               | *Width: 52cm  |        |           |       |
|               | *Length:185cm MAX   |        |           |       |
| Sub-Total >>> |   |        |           |       |

Brand and Model : \_\_\_\_\_ Warranty : \_\_\_\_\_  
Delivery Period : \_\_\_\_\_ Price Validity : \_\_\_\_\_

After having carefully read and accepted your Conditions, I/We quote you on the item at prices noted above and hereby commit to deliver the same if adjudged to have the lowest and responsive quotation.

Business Name

Printed Name/Signature/Date

