

CHD

P.R. No.:	241446
Quotation No.:	243813-2197
PhilGEPs No.:	

Standard Form Title:

REQUEST FOR QUOTATION

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

PROCUREMENT OFFICER

NOTE: (1) ALL ENTRIES MUST BE TYPEWRITTEN OR LEGIBLY WRITTEN.

(2) DELIVERY PERIOD WITHIN 30 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

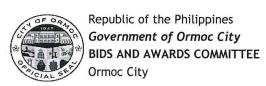
OF ACCEPTANCE BY THE END-USER. (4) PRICE VALIDITY SHALL BE FOR A PERIOD OF SIXTY (60) DAYS. (5) G-EPS REG NO., MAYORS PERMIT, DTI/SEC, AND FOR ABC'S ABOVE 500K - ITR & OMNIBUS SWORN STATEMENT SHALL BE ATTACHED UPON SUBMISSION (6) BIDDERS SHALL SUBMIT ORIGINAL BROCHURES SHOWING CERTIFICATIONS OF THE PRODUCTS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

Php 198,000.00

Activities	Sche	Schedule		
	FROM	TO		
1 Issuance of Canvass	Thursday May 02, 2024	Tuesday May 07, 2024		
2 Submission of Canvass	Wednesday May 08, 2024	10:00 AM		
3 Opening of Canvass	Wednesday May 08, 2024	2:00 PM		

#	Item and Description	QTY	UNIT COST	TOTAL
1	Supply & Installation of Blinds	1 lot		
	Type: Combination Roller			
	Design: Basic			
	Color: Brown			
	CITY HEALTH WNDOW1 8.20SQFT.			
	CITY HEALTH W1-DIFF 3.80SQFT.			
	CITY HEALTH WINDOW 2 22.33SQFT.			
	CITY HEALTH WINDOW 3 8.88SQFT.			30.72
	CITY HEALTH WINDOW 3-DIFF 3.12SQFT.			
	STAT. WINDOW 1 23.04SQFT.			
	STAT. WINDOW 2 23.04SQFT.			
	CHO II CONFERENCE 22.44SQFT.			
	TECHNICAL WINDOW I 23.13SQFT.			
	TECHNICAL WINDOW I 23.13SQFT.			
	HEMS WINDOW 1 27.90SQFT.			
	HEMS WINDOW 2 27.80SQFT.			
	HEMS WINDOW 3 27.90SQFT.			
	HEMS WINDOW 4 27.80SQFT.			
	RPRH WINDOW 1 30.69SQFT.			
	KONSULTA WINDOW 1 24.42SQFT.			
	KONSULTA WINDOW 2 24.42SQFT.			
	KONSULTA WINDOW 3 35.31SQFT.			
		an entropy of the second	Sub-Total >>>	Sec. 7 Air

*	Sub-Total >>>	
Brand and Model :	Warranty:	
Delivery Period :	Price Validity :	-
After having carefully read and accepted y commit to deliver the same if adjudged to have the	our Conditions, I/We quote you on the item at prices noted above and herebe lowest and responsive quotation.	'n
	Business Name	
2024-04-241446	Printed Name/Signature/Date	-



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P.R. No.:

241446 243813-2197

Quotation No.: 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 hortest time of delivery and submit your quotation duly signed by you or your authorized representative not later than	
KATHERN A. SOLAÑA PROCUREMENT OFFICER	

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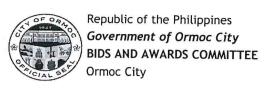
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# Item and Description	QTY	UNIT COST	TOTAL
KONSULTA WINDOW 4 8.92SQFT.			
KONSULTA WINDOW 4-DIFF 3.08SQFT.			
SI ROOM WINDOW 1 35.31SQFT.		20	
SI ROOM WINDOW 2 8.92SQFT.			
SI ROOM WINDOW 2-DIFF. 3.08SQFT.			
NUTRITION WINDOW 1 34.82SQFT.			
NUTRITION WINDOW 2 9.00SQFT.			
NUTRITION WINDOW 2-DIFF. 3.00SQFT.			
NUTRITION WINDOW 3 24.53SQFT.			
NUTRITION WINDOW 4 24.53SQFT.			
NUTRITION WINDOW 5 24.53SQFT.		200	
NUTRITION WINDOW 6 24.53SQFT.			
HYGIENE ROOM WINDOW 1 34.71SQFT.			
HYGIENE ROOM WINDOW 2 8.92SQFT.			
HYGIENE ROOM WINDOW 2-DIFF. 3.08SQFT.			
HYGIENE ROOM WINDOW 3 16.50SQFT.	И		
HYGIENE ROOM WINDOW 4 12.16SQFT.			
HYGIENE ROOM WINDOW 5 11.83SQFT.			
HYGIENE ROOM WINDOW 6 25.19SQFT.			
ANIMAL BITE WINDOW 1 25.97SQFT.			
ANIMAL BITE WINDOW 2 23.25SQFT			
ANIMAL BITE WINDOW 3 23.25SQFT.			
	Karaman Sija	Sub-Total >>>	

		Sub-Total >>>
Brand and Model :	Warranty :	
Delivery Period :	Price Validity :	
After having carefully read and accepted ommit to deliver the same if adjudged to have	your Conditions, I/We quote you on the ite the lowest and responsive quotation.	
		Business Name
024-04-241446		Printed Name/Signature/Date



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Printed Name/Signature/Date

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					RYN A. SOLAÑA REMENT OFFICER
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	(3) WARRANTY SHALL BE FOR A PERIOD OF THREE (3) MON		ODUCTS IF APPLICABLE. (REMENT IS (amount indic		<u>GET CEILING</u> FOR THIS
	SUPPLIES & MATERIALS, ONE (1) YEAR FOR EQUIPMENT, F			198,000.00	
	Activities	Maria de Maria de Carresta de	Sc	hedule	
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2	Submission of Canvass		May 08, 2024		0:00 AM
3	Opening of Canvass	Wednesday	May 08, 2024		2:00 PM
#	Item and Description	and a second	QTY	UNIT COST	TOTAL
	-x-x-x-x-x-x-x-NOTHING FOLLOWS -x-x-x-x-x				
	-A-A-A-A-A-A- NOTHING FOLLOWS -X-X-X-X-X	(-X-X-			
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49.44		A STATISTICS OF THE STATE OF TH	normalis de Calabrida de Calabr	GRAND TOTAL >>>	
	David and Mark I				
	Brand and Model : Delivery Period :		Warranty : e Validity :		
	Detriety refloa :	PITC	e validity :		
	After having carefully read and accepted your Co to deliver the same if adjudged to have the lowe			prices noted above	e and hereby