



REPUBLIC OF THE PHILIPPINES  
Department of Health  
**NATIONAL CENTER FOR MENTAL HEALTH**  
Nueve de Febrero Street, Mandaluyong City, Philippines  
**BIDS AND AWARDS COMMITTEE**



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SOLICITATION NO. NCMH-Negotiated (Small Value Procurement)  
Annual Preventive Maintenance for Radiology Equipment CY-2020

## REQUEST FOR QUOTATION

June 5, 2020

Dear Sir/Madame:

Please quote your lowest price on the items herewith attached, subject to the General Conditions, and stating the shortest time of delivery. Submit your **sealed quotation** using this form duly signed by your authorized representative together with the documentary requirements not later than **June 8, 2020 2:00 PM**. Kindly transact / address directly at the BAC Secretariat Office. For inquiries, you may call 531-9001 local 239 or 531-8318.

Respectfully yours,

**JERRY C. RODRIGUEZ, MGM-ESP**  
Supervising Administrative Officer  
Head Secretariat, Bids and Awards Committee

### General Conditions:

1. Bid offer must meet the minimum technical specifications.
2. Delivery period shall be within a maximum period of **Thirty (30) working days** upon receipt of approved Contract Agreement / Notice to Proceed (NTP)
3. **Price validity** and **payment terms** shall be for a minimum period of thirty (30) **calendar days**.
4. Documentary requirements:
  - a. Mayor's / Business Permit (Attached Official Receipt)
  - b. PhilGEPS Registration Number
  - c. Income and Business Tax Return (Attached VAT Remittances)
  - d. Omnibus Sworn Statement  
(For Corporation – Attached Corporate Secretary Certificate)  
(For Sole Proprietorship – Attached Special Power of Attorney)
5. Failure to comply with the stated general conditions constitutes disqualification.
6. The NATIONAL CENTER FOR MENTAL HEALTH reserves the right to reject any or all bids, to waive any defect, and accept such bids advantageous to the government, and that it reserves the right to rescind the contract and debar the dealer from entering in future biddings of the center.

**Notes:**

- All documents must be Certified True Copy (CTC). Bidder's certification is acceptable.
- On documents (licenses, certificates and/or registrations) for renewal, bidders are required to attach Official Receipt (OR) as proof of payment.
- Documentary requirements must be arranged in the above sequence/order & placed in a folder. **This form (RFQ) must be in a sealed envelope.** Both folder (documentary requirements) and envelope (price quotation) should be placed on an envelope of any color with proper label as shown below. Bidder may opt to use their own company letterhead using the format below.

**MARKING / LABEL OF PRICE QUOTATION**

1. Sealed Price Quotation Envelope:

<p style="text-align: center;"><b>Request for Quotation</b> <b>Annual Preventive Agreement for <u>(Title of the Project)</u> CY 2020</b></p> <p style="text-align: center;"><b>Item/s bidded:</b></p> <p>1. _____ 2. _____</p> <p style="text-align: center;"><b>Name of Company / Bidder:</b> <b>Tel. no.:</b> <b>Fax no.:</b></p>
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2. Documentary Requirements Folder:

<p style="text-align: center;"><b>Request for Quotation</b> <b>Annual Preventive Agreement for <u>(Title of the Project)</u> CY 2020</b></p> <p style="text-align: center;"><b>Item/s bidded:</b></p> <p>1. _____ 2. _____</p> <p style="text-align: center;"><b>Name of Company / Bidder:</b> <b>Tel. no.:</b> <b>Fax no.:</b></p>
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3. Mother Envelope:

<p style="text-align: center;"><b>Request for Quotation</b> <b>Annual Preventive Agreement for <u>(Title of the Project)</u> CY 2020</b></p> <p style="text-align: center;"><b>Name of Company / Bidder:</b> <b>Tel. no.:</b> <b>Fax no.:</b></p> <p style="text-align: center;"><b>DO NOT OPEN ON OR BEFORE: (indicate closing date PhilGEPS)</b></p>
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**ANNUAL PREVENTIVE MAINTENANCE FOR RADIOLOGY EQUIPMENT CY 2020**

<b>QTY.</b>	<b>UNIT OF MEASURE</b>	<b>ITEM SPECIFICATION</b>	<b>BIDDER'S SPECIFICATION</b>	<b>APPROVED BUDGET OF THE CONTRACT</b>	<b>BIDDER'S OFFER</b>
1	unit	<b>MINDRAY ULTRASOUND MACHINE</b> Scope of Works: • Cleaning of the equipment • Completing minor operational and reliability check-up • Reviewing diagnostic and ensuring that the system is operating to the manufacturer's specification • Calibration of the equipment • Remedial maintenance • Providing of the documentation of services performed • Unlimited emergency on-site service call Quarterly service visits of preventive maintenance		UNIT PRICE: P55,000.00  TOTAL PRICE: P55,000.00	UNIT PRICE <input type="text"/>  TOTAL PRICE: <input type="text"/>
1	Unit	<b>SHIMADZU X-RAY MACHINE</b> Scope of Works: • Cleaning of the equipment • Completing minor operational and reliability check-up • Reviewing diagnostic and ensuring that the system is operating to the manufacturer's specification • Calibration of the equipment • Providing of the documentation of services performed • Unlimited emergency on-site service call • Quarterly service visits of preventive maintenance		UNIT PRICE: P77,000.00  TOTAL PRICE: P77,000.00	UNIT PRICE <input type="text"/>  TOTAL PRICE: <input type="text"/>
<b>GRAND TOTAL</b>				Php. 132,000.00	<input type="text"/>

Brand and model: \_\_\_\_\_

Delivery period: \_\_\_\_\_ Max of 30 working days

Warranty: \_\_\_\_\_ Min of 3 months (supplies)

\_\_\_\_\_ Min of 1 year (equipment)

Price validity: \_\_\_\_\_ Min of 30 Calendar Days

Payment terms: \_\_\_\_\_ Min of 30 Calendar Days

SUBMITTED AND CONFORMED BY:

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COMPANY NAME

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COMPANY ADDRESS

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PRINTED NAME AND SIGNATURE OF  
REPRESENTATIVE

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DESIGNATION

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CONTACT NUMBER/S