



# REQUEST FOR QUOTATION

**For the REPAIR AND MAINTENANCE OF AMBULANCE WITH PLATE NO. DID912 FOR USE OF CAVITE MUNICIPAL HOSPITAL**

\_\_\_\_\_  
Name of Company

Date: December 02, 2021

RFQ No.: nlontoc-RFQ-G129-2021

\_\_\_\_\_  
Complete Company Address

PR No.: 2021-11-H-669/ 11-11-2021

PHILGEPS Ref. No.: 8252871

**To whom it may concern:**

Please quote your lowest price/s on the lot or item/s below, subject to General Conditions indicated herein, stating the shortest time of delivery and submit your quotation duly signed by your official representative not later than **December 7, 2021 at 5:00 PM** to the **BAC Office, 2/F Provincial Capitol Bldg., Brgy. San Agustin, Trece Martires City.**

Very truly yours,  
**RENATO M. ABUTAN**  
BAC-A Chairman

**CANVASSERS'S CERTIFICATION**

This is to certify that I have full knowledge, authority and responsibility in distributing and/or collecting the Request for Quotation in accordance to the guidelines in securing prices for **Cavite Municipal Hospital** of the Provincial Government of Cavite.

\_\_\_\_\_  
(Printed Name & Signature)  
AUTHORIZED CANVASSER

PLEASE QUOTE: PER ITEM

No	ITEM DESCRIPTION (Item Name & Technical Specifications)	QTY	UNIT	APPROVED BUDGET OF CONTRACT (ABC)	BIDDER'S PROPOSAL BOX		TECHNICAL PROPOSAL	DELIVERY (days/weeks)
					FINANCIAL PROPOSAL (Indicate the Price Offer)			
					Unit Price	Total Price		
1	TIE ROD (INNER)	2	PCS	1,700.00				
2	TIE ROD (OUTER)	2	PCS	1,700.00				
3	PITMAN ARM	1	PC	2,850.00				
**see page 2 for the continuation**								

- GENERAL CONDITIONS**
1. All entries must be legibly handwritten or typewritten;
  2. Bidders must submit the required documents as follows:
    - a) Valid DTI Business Name Registration and/or SEC or CDA Certificate
    - b) Valid Mayor's Permit
    - c) PhilGEPS Online Registration
    - d) BIR Certificate
    - e) Authority of Signing Official and/or Representative
      1. Special Power of Attorney if single-proprietorship or Partnership (N/A if representative is the owner or general partner)
      2. Notarized Secretary's Certificate with attached Board Resolution if corporation or cooperative
      3. Photocopy of two (2) valid ID's of authorizing officer and representative
    - f) All prospective bidders are required to get the original signed copy of Request for Quotation at the BAC Office, Provincial Capitol Bldg., Brgy. San Agustin, Trece Martires City for submission together with the eligibility requirements on or before the closing date.
    - g) Notarized omnibus sworn statement.
    - h) Other required documents.
  3. Place this RFQ in a sealed envelope and type the following details on the face of the envelope:
 

Company Name  
RFQ No.  
PR No.  
PHILGEPS Reference No.
  4. Delivery period must be at least within \_\_\_\_\_ calendar days from date of the Notice to Proceed (Indicate the days of delivery in the Bidder's Proposal box)
  5. Item/s delivered must have warranties for unit replacements, parts, labor or other services;
  6. Price validity shall be for a period of three(3) months;
  7. Quoted prices must be inclusive of taxes, and other charges or fees and shall not exceed the Approved Budget for the Contract (ABC);
  8. If Bid is accepted, the supplier undertakes to provide a performance security in the form, amounts, and within the times specified in the Revised IRR of R.A. 9184;
  9. It is understood that the Provincial Government of Cavite is not bound to accept the Lowest Calculated Bid or any Bid it may receive;
  10. Transaction with the Provincial Government of Cavite shall mean compliance by the winning bidder with the bid and delivery requirements before the issuance of check payment;
  11. Failure to comply with these conditions shall mean disqualification of your bid proposal.

**SUPPLIER/CONTRACTOR/CONSULTANT'S CERTIFICATION**

Date: \_\_\_\_\_

After having carefully read and accepted your General Conditions, I/we quote you on the item/s at price/s noted above for immediate delivery and shipment, which can be made in \_\_\_\_\_ days from receipt of the Notice To Proceed.

\_\_\_\_\_  
Printed Name & Signature  
of Authorized Representative

\_\_\_\_\_  
Company Tel./Fax/Mobile No.

\_\_\_\_\_  
Company Tax Identification No. (TIN)

**\*Attach Certificate of Registration (BIR)**

**Page 2 of Request For Quotation for the REPAIR AND MAINTENANCE OF AMBULANCE WITH PLATE NO. BIB512 FOR USE OF CAVITE MUNICIPAL HOSPITAL**

PLEASE QUOTE: **PER ITEM**

BIDDER'S PROPOSAL BOX

No.	ITEM DESCRIPTION (Item Name & Technical Specifications)	QTY	UNIT	APPROVED BUDGET OF CONTRACT (ABC)	FINANCIAL PROPOSAL (Indicate the Price Offer)		TECHNICAL PROPOSAL	Delivery (days/weeks)
					Unit Price	Total Price		
4	CENTER POST	1	PC	2,500.00				
5	IDLER ARM	1	PC	2,300.00				
6	DRAG LINK	1	PC	2,950.00				
7	CASTER BUSHING	4	PCS	1,200.00				
8	ENGINE OIL	6	LITERS	4,800.00				
9	OIL FILTER	1	PC	600.00				
10	FUEL FILTER	1	PC	1,900.00				
11	AIR FILTER	1	PC	1,500.00				
12	STAB BAR BUSHING	4	PCS	1,600.00				
13	CLUTCH DISC	1	PC	6,500.00				
14	PRESSURE PLATE	1	PC	5,800.00				
15	RELEASE BEARING	1	PC	2,350.00				
16	PILOT BEARING	1	PC	650.00				
17	GEAR OIL	3	LITERS	1,350.00				
18	BRAKE PADS	1	SET	2,100.00				
19	BRAKE SHOE	1	SET	2,500.00				
20	BRAKE CYLINDER	2	PCS	3,200.00				
21	BRAKE FLUID	1	LITER	300.00				
22	GREASE	1	CAN	200.00				
23	BATTERY 2SM	1	PC	7,800.00				
24	CAMBER WHEEL ALIGNMENT	-	-	1,800.00				
	LABOR	-	-	6,500.00				
	***Nothing Follows***							
	<b>TOTAL</b>			<b>P 66,650.00</b>				

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Printed Name & Signature  
of Authorized Representative**