

REQUEST FOR QUOTATION

The Bureau of Customs (BOC), through its Administration Office (AO), will undertake Small Value Procurement for **Supply and Delivery of Dental Chair** in accordance with the Revised Implementing Rules and Regulations of Republic Act No. 9184. The details of the project are as follows:

Name of Project

: Supply and Delivery of Dental Chair

Location

: Ground Floor, Office of the Commissioner (OCOM) Building, Gate

3, South Harbor, Port Area, Manila

Approved Budget for the Contract: Two Hundred Thousand Pesos, (Php 200,000.00)

, inclusive of tax

Specifications:

Specification	ons:
QTY.	DESCRIPTION
1 unit	Dental Chair
	Button Protective plastic Cover
	 24 v Noiseless DC motor chair
	Import Electromagnetism valve
	Adjustable Operating light
	 Auto spittoon flush and cup filler contrl system
	Air Brake instruments tray
	Saliva Ejector with High and Low suction
	3-way syringe(Cold/Hot water)
	LED Film viewer
	Dentist Stool A
	 (Disinfection and storage water) Strong and weak absorption
	suction filtering system
	Power Voltage: 220V-50Hz
	Motor Voltage: 24V
	Air Pressure: 0.5 MPa - 0.8MPa
	Water Pressure: 0.2 MPa – 0.4 MPa
	Others:
	Built-in Lightcure
	Built-in Ultrasonic scaler
	Extra tray
	Upgraded to Sensor light
	Additional 3 way Syringe
	Clean Water system(bottle type)
	High Speed Handpiece
	Low Speed Handpiece
	Warranty:
	 One (1) year warranty on labor and parts except bulb, bowl,
	bearing of handpieces etc.,and product misuse.

Lifetime Technical Support
Inclusive:
Delivery Charge and Installation

Delivery Term: 3 calendar day upon signing of Purchase Order

Interested suppliers are required to submit their valid and current Mayor's Permit, DTI/SEC Registration(for partnerships/corporations, General Information Sheet & Articles of Incorporation shall also submitted), PHILGEPS Registration Certificate, Omnibus Sworn Statement, Latest Income/ Business Tax Return and duly signed price quotation form (Annex "A").

Submission of quotation and eligibility documents is on or before **April 12, 2017**, **10:00 am**, at General Services Division (GSD), Ground Floor, OCOM Building, Port Area, Manila.

Any interlineations, erasures or overwriting shall be valid only if they are signed or initialed by the bidder or his/her duly authorized representative/s.

The BOC reserves the right to accept or reject any or all quotations and to impose additional terms and conditions as it may deem proper.

For inquiry, you may contact us at Telefax no. 527-9757 or email us at bacsecretariat@customs.gov.ph.

Very truly yours,

JOSEPH G. ESCASIO

Officer-In-Charge, Administration Office

Internal Administration Group

PRICE QUOTATION FORM

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The Bids and Awards Committee Bureau of Customs Port Area, Manila

Sir/Madam:

After having carefully read and accepted the terms and conditions in the Request for Quotation, hereunder is our quotation/s for the items as follows:

Quantity	Description	Unit Price	Total Price
1 unit	Dental Chair		
	Button Protective plastic Cover		
	24 v Noiseless DC motor chair		
	Import Electromagnetism valve		
	Adjustable Operating light		
	Auto spittoon flush and cup filler contrl system		
	Air Brake instruments tray		
	Saliva Ejector with High and Low suction		
	3-way syringe(Cold/Hot water)		
	LED Film viewer		
	Dentist Stool A		
	 (Disinfection and storage water) Strong and weak absorption suction filtering system 		
	Power Voltage: 220V-50Hz		
	Motor Voltage: 24V		
	Air Pressure: 0.5 MPa - 0.8MPa		
	Water Pressure: 0.2 MPa - 0.4 MPa		
	Others:		

Built-in Lightcure		
Built-in Ultrasonic scaler		
Extra tray		
Upgraded to Sensor light		
Additional 3 way Syringe		
Clean Water system(bottle type)		
High Speed Handpiece		
Low Speed Handpiece		
Warranty:		
 One (1) year warranty on labor and parts except bulb, bowl, bearing of handpieces etc.,and product misuse. 	×	
Lifetime Technical Support		
Inclusive:		
Delivery Charge and Installation		

Warranty : months from the date of delivery
Total amount in words: The above-quoted prices are inclusive of all costs and applicable taxes. Very truly yours,
Name/ Signature of Representative
Name of Company Mayor's Permit No PhilGEPS Registration No (Please submit the photocopies of the above documents upon submission of quotation)