



**REQUEST FOR QUOTATION**

Date: 24 July 2025


Reference: RFQ CO-25-022SVP

1. The **Philippine Institute of Traditional and Alternative Health Care (PITAHC)** through its **Bids and Awards Committee (BAC)** invites interested bidders to submit a quotation for the procurement of the item stated below with the total Approved Budget for the Contract (ABC) amounting to **EIGHTY THOUSAND ONE HUNDRED NINETY PESOS (PHP80,190.00) inclusive of all applicable taxes and other charges;**

2.

PITAHC 2025 APP Ref	PR Number	Item Description
5060404001	25-07-0123	<b>SUPPLY AND DELIVERY OF VARIOUS SUPPLIES FOR REHABILITATION OF RESTROOMS AT 5TH FLOOR</b>  <i>(See Technical Specifications for detailed requirements)</i>

3. Procurement shall be conducted through Small Value Procurement under Section 53.9 - Negotiated Procurement as prescribed under Rule XVI- Alternative Methods of Procurement of the 2016 Revised Implementing Rules and Regulations (IRR) of Republic Act (R.A.) No. 9184, otherwise known as the “*Government Procurement Reform Act*”.
4. The quotation must be duly signed by the bidder and must be submitted to the BAC Secretariat, PITAHC Building, Matapang St., East Avenue Medical Center Compound, Barangay Central, Quezon City or sent thru fax at (02) 8376-3067 or email at bac@pitahc.gov.ph. The quotation shall be received until **29 July 2025, 12:00 NOON.**
5. The bidder must **submit a copy** of the following documents, **together with the quotation**, to ensure that the said bidder is technically, legally, and financially capable to undertake the proposed project:
- a. Valid and current Mayor’s/Business Permit 2024/2025
  - b. Notarized Omnibus Sworn Statement by the prospective bidder in the new prescribed form as per GPPB Resolution No. 16-2020, attached document showing proof of authorization (e.g., duly notarized Secretary’s Certificate, Board/Partnership Resolution, or Special Power of Attorney, whichever is applicable
  - c. PHILGEPS Registration Number *(to be indicated in the Price Quotation Form)*
6. PITAHC reserves the right to waive any formality in the responses to the eligibility requirements and to this invitation. PITAHC further reserves the right to reject all quotations, or declare a failure of small value procurement, or not award the contract, and makes no assurance that the contract shall be entered into as a result of this invitation without thereby incurring any liability to the affected bidder or bidders in accordance with R.A. No. 9184 and its Implementing Rules and Regulations.
7. For any clarification, you may contact Mr. **Rodelio D. Mendez Jr.** at telephone no. (02) 8282-5194 loc 303.

  
**DR. FROILAINNE A. DELA CRUZ**  
*Vice-Chairperson, PITAHC BAC*



## OTHER TERMS AND CONDITIONS

1. Bidders shall provide the **correct and accurate information** required in this form.
2. Delivery Term: **Twenty (20) calendar days from the date of receipt of Purchase Order**
3. Delivery Site: **PITAHC Central Office, East Avenue Medical Center Compound, Barangay Central, Quezon City**
4. Terms of Payment : **Thirty (30) calendar days from the date of inspection and acceptance of complete items.**
5. Price quotation must be valid for a period of **thirty (30) calendar days** from the date of submission.
6. Price quotation to be denominated in **Philippine Peso (PhP)**, include all taxes and duties and/or levies payable.
7. Quotations exceeding the ABC shall be automatically rejected.
8. In addition to the submission of the Price Quotation Form, **bidder shall submit a Certificate of Satisfactory Completion/Performance for those who have previous contracts with PITAHC one (1) year from the deadline of submission of quotation, if applicable.**
9. The **award of contract** shall be made to the single or lowest calculated and responsive quotation, which complied with the minimum technical specifications and other terms and conditions stated herein.
10. Any interlineations, erasures, or overwriting shall be valid only if they are signed or initialed by the bidder or any of his/her duly authorized representative/s.
11. Liquidated damages equivalent to one tenth of one percent (0.001%) of the value of the goods/services not delivered within the prescribed delivery period shall be imposed per day of delay. PITAHC shall rescind the contract once the cumulative amount of liquidated damages reaches ten percent (10%) of the amount of the contract, without prejudice to other courses of action and remedies open.





## PRICE QUOTATION FORM

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

**The Bids and Awards Committee**

PITAHC Building, Matapang Street, East Avenue Medical Center Compound,  
Barangay Central Quezon City

Sir/Madam:

After having carefully read and accepted the Terms and Conditions, I/we submit our quotation for the item as follows:

Item Description	Total Price (Exclusive of all costs, applicable taxes, and service charges:)	Total Price (Inclusive of all costs, applicable taxes, and service charges)
SUPPLY AND DELIVERY OF VARIOUS SUPPLIES FOR REHABILITATION OF RESTROOMS AT 5TH FLOOR		

Bidder **must** state the Total Amount in Words of their offer:

LOT 1

\_\_\_\_\_  
\_\_\_\_\_

The above-quoted price is inclusive of **all costs** and applicable taxes.

Very truly yours,

Signature : \_\_\_\_\_

Printed Name : \_\_\_\_\_

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

Company Name : \_\_\_\_\_

Contact Number : \_\_\_\_\_

PHILGEPS Registration Number: \_\_\_\_\_



## COMPLIANCE TO TECHNICAL SPECIFICATIONS

### Instructions to Bidders:

This form must be accomplished completely and truthfully.

Counter offers or alternative specifications must be clearly stated and supported by technical documents or brochures, if applicable.

Failure to properly fill out this form may result in the disqualification of your quotation for non-responsiveness.

TECHNICAL SPECIFICATIONS	COMPLIANCE TO TECHNICAL SPECIFICATIONS			
	INSTRUCTIONS:			
	1. Check the corresponding box if the specification can comply 2. If the bidder cannot fully comply, do not check the box. Instead, clearly state your proposed alternative offer in the "ALTERNATIVE OFFER COLUMN"			
	QTY	UOM	CAN COMPLY	ALTERNATIVE OFFER
SUPPLY AND DELIVERY OF VARIOUS SUPPLIES FOR REHABILITATION OF RESTROOMS AT 5TH FLOOR	1	Lot	Yes ( )	
Super Thoroseal Waterproofing Coating Gray 1 gallon (4.5kg)	10	pcs	Yes ( )	
P Trap with cleanout 2"	6	pcs	Yes ( )	
P Trap sink lavatory 1-1/4"	6	pcs	Yes ( )	
Toilet seat cover	5	pcs	Yes ( )	
Lavatory faucet	3	pcs	Yes ( )	
Lavatory drain	3	pcs	Yes ( )	
Wall Faucet	3	pcs	Yes ( )	
Floor drain	6	pcs	Yes ( )	
4"PVC pipe orange 250cm	6	pcs	Yes ( )	
2" PVC pipe orange 250cm	6	liters	Yes ( )	
Non-Sag Epoxy	2	pcs	Yes ( )	
Toilet bidet	5	pcs	Yes ( )	
3 way angle valve	5	pcs	Yes ( )	
Urinal flush valve	3	pcs	Yes ( )	
White Matte Ceramic tiles (300 x 300)	350	bag	Yes ( )	
ABC Tiles adhesive	20	bag	Yes ( )	
Cement	20	bag	Yes ( )	
ABC Tiles grout	6	pcs	Yes ( )	
4'x8' Gypsum board	4	rolls	Yes ( )	
Mesh tape 2"	2	bags	Yes ( )	
Boral Premium Jointing 20kg	1	pcs	Yes ( )	





Republic of the Philippines  
**DEPARTMENT OF HEALTH**  
*Philippine Institute of Traditional and  
Alternative Health Care*



Boysen flat latex white (4L)	4	pcs	Yes ( )	
2" Paint brush	4	pcs	Yes ( )	
5" Paint roller	4	pcs	Yes ( )	
<b>DELIVERY TERM:</b> TWENTY (20) CALENDAR DAYS FROM THE DATE OF RECEIPT OF PURCHASE ORDER			Yes ( )	
<b>DELIVERY SITE:</b> PITAHC CENTRAL OFFICE, EAST AVENUE MEDICAL CENTER COMPOUND, BARANGAY CENTRAL, QUEZON CITY			Yes ( )	
<b>TERMS OF PAYMENT:</b>  PAYMENT SHALL BE MADE ON A MONTHLY BASIS FOR BOTH THE GENERAL PEST CONTROL SERVICES AND THE TERMITE SPOT TREATMENT. IT SHALL BE PROCESSED UPON SUBMISSION OF THE PRE-INSPECTION REPORTS, SERVICE REPORTS, POST-TREATMENT INSPECTION REPORTS, BILLING INVOICE/STATEMENT OF ACCOUNT (SOA), AND LETTER OF REQUEST FOR PAYMENT.			Yes ( )	
BIDDER SHALL SUBMIT A <b>CERTIFICATE OF SATISFACTORY PERFORMANCE/COMPLETION</b> FOR THOSE WHO HAVE PREVIOUS CONTRACTS WITH PITAHC ONE (1) YEAR FROM THE DEADLINE OF SUBMISSION OF QUOTATION, IF APPLICABLE			Yes ( )	If no previous contract with PITAHC, check:  ( ) Not Applicable

Conforme:

\_\_\_\_\_  
Name and signature of the  
Authorized Representative

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

\_\_\_\_\_  
Date